

Surrey and Borders Partnership

NHS Foundation Trust

Health Scrutiny Committee
19th March 2014

Surrey and Borders Partnership NHS Foundation Trust – Update

Purpose of the report: This Report provides an update for the Scrutiny Committee on our Mental Health services for adults of working age, following our previous attendances at Committee in May 2012.

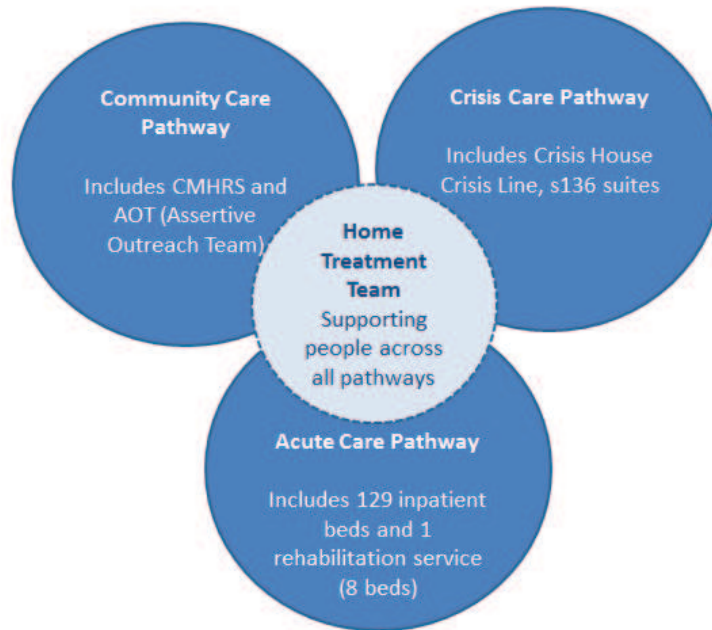
1. Introduction

- 1.1. This report aims to outline the scope and dimensions of the Mental Health Services for adults of working age provided by Surrey and Borders Partnership NHS Foundation Trust (SABP) which includes social care services provided in accordance with a an overarching performance agreement (pursuant to section 75 NHS Act 2006).
- 1.2. The report will discuss specific areas of focus to as requested by the Scrutiny Committee to provide an update, these will be as follows:
 - 1.2.1. The crisis line
 - 1.2.2. Support for family carers
 - 1.2.3. The Acute Care Pathway Review
 - 1.2.4. Surveys from people who use services.
- 1.3. The report will also provide an indication of current service challenges and future work plans that are envisaged to develop services within the current legislative context and resource envelope.

2. Service scope and dimensions

- 2.1. Our core purpose is ***“To work with people and lead communities in improving their mental and physical health and well-being for a better life; through delivering excellent and responsive prevention, diagnosis, early intervention, treatment and care”***
- 2.2. Our Mental Health and Social Care Services for people (typically) aged between 18-65 provide a diverse range of support for people to help improve emotional wellbeing and mental health. The services are typically thought of as ‘secondary’ mental health services, this means that people are referred into them by their GP. It should be

remembered that up to 80% of support for people with mental health issues occurs in primary care settings (i.e. GP surgeries).¹ The services provided can be illustrated by the diagram below.



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Services dimensions can be illustrated as follows²:

- 2.2.1. Approximately 110,000 appointments in community teams in Surrey this year to date (April 2013- Jan 2014) seeing approximately 11,500 different people. Caseloads in the 11 CMHRS's (Community Mental Health Recovery Service teams) average approximately 5,500 people at any time.
- 2.2.2. Approximately 1 in 10 appointments in a CMHRS is a new patient assessment.
- 2.2.3. Approximately 650 occasions where s136 suites are used in SABP services each year,³ and approximately 1,100 calls per month to our Mental Health crisis line.
- 2.2.4. Approximately 1,100 inpatient admissions (year to date), with an average length of stay of 37 days.
- 2.2.5. A total (health and social care) workforce of approximately 850 wte.

2.3. The services are commissioned predominantly by the 6 CCG's within Surrey (including North East Hampshire and Farnham CCG) and the commissioned income for the Surrey services is approximately £45 million. In accordance with the s75 agreement social care services are commissioned by Surrey County Council at a cost of approximately £11.5 million (approximately 60% staff costs and 40% care package costs).

¹ Closing the Gap (DH, Jan 2014, p.20).

² Please note IAPT (Increasing Access to Psychological Therapies) services provided by SABP have not been included in the scope of this report – but details can be supplied upon request.

³ A place of safety where someone detained by a police officer under s136 of the Mental Health Act can be taken to be assessed under the Mental Health Act.

3. Specific Areas of Focus

3.1. Crisis Line

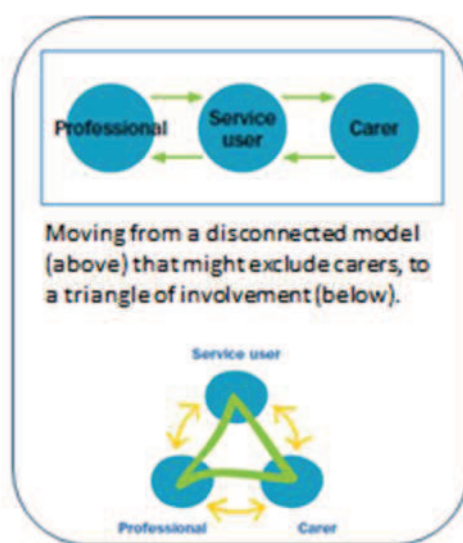
- 3.1.1. The Surrey-wide crisis line was established in 2009. It provides a telephone operated service for people to contact 'out-of-hours' and can contact the Home Treatment Team (HTT) if there may be a need for urgent assessment under the Mental Health Act and/or a potential need for admission into an inpatient bed.
- 3.1.2. The crisis line receives approximately 1,100 calls each month, 60% of call volumes occur between 17:00-23:59, approximately 2/3 of callers are known to our services. The average call length is approximately 6-7 minutes.
- 3.1.3. Following a Surrey LINKs (Local Involvement Network) report and survey, a Crisis Line Action Plan was implemented and, this reported back to this Select Committee in 2012. Although the action plan was completed, the crisis line has remained under review as some people who use services (and Trust Governors) have continued to ask questions about how this important service can be improved. A recent assurance report submitted to our Quality Committee in February 2014 highlighted the fact that following staff turnover, training and call monitoring needed to resume to review service provision and the quality of call response. Actions are being put in place with immediate effect to respond to this report.
- 3.1.4. One of the most important service developments since 2012 that has great impact on the crisis line effectiveness is located within our community service pathway. The crisis line operators are now able to access RiO (our electronic care notes records). Over the past 12 months we have had a focused project that has been working to improve the quality of crisis and contingency plans for people who use our services. This means that if people ring the crisis line, the operator can now access the plan and provide more appropriate advice, reminding someone of the things that they have said would support them if they are in crisis.
- 3.1.5. One of the challenges facing the Crisis Line is that, whilst it is able to provide advice to younger people and older adults the range of responses currently commissioned for people in these groups is not as great e.g. the Home Treatment Team service is not commissioned for older adults or children.
- 3.1.6. Over the next 12 months future options for the crisis line will be explored, there is an ambition to integrate this service function within a more sustainable setting and this service review work will be undertaken in accordance with the Mental Health Crisis Care Concordat (DH, Feb 2014)

3.2. Support for family carers

3.2.1. Further to our s75 Agreement arrangements we are just finalising the implementation of the 'Working Together Differently' consultation document. One of the many positive aspects of this document has been a change from 11 Carers Support Workers to 13 Carers Liaison Workers (to mirror the arrangements currently in place within the Personal Care and Support teams in Adult Social Care).

3.2.2. Accordingly, considerable focus has been placed upon moving from a position where we were running the risk of marginalising family carers by assigning them to a specific role to enabling Carer's Liaison Worker's to make sure that everyone is 'carer aware.'

3.2.3. A work plan for the Carers Liaison Workers is being formulated (following the implementation of the changes on 1st March 2014) and our Carers Action Group will help to guide our thinking in this area. This will reflect our commitment in 2013 to implement the Triangle of Care within our services.



3.2.4. The s75 agreement has also given us an opportunity to ensure that our performance management system changes and has a similar focus on supporting family carers and personalisation as the Personal Care and Support teams in Surrey County Council. These teams have identified over 7,000 family carers that they work with – approximately 35% of their total caseload. At the moment, we can only evidence that we work with 180 family carers each quarter – this means that we work with family carers in only 6.5% of cases in our caseload. This is not the real situation – and if we analyse RiO that would suggest that for at least 16% of cases we have identified a family carer, but data recording needs to improve. We are also developing measures that are cognisant of the changes to assessment processes that are inevitable due to the implementation of the Care Bill and will better demonstrate the involvement of family carers in our services.

3.3. Acute Care Pathway Review

3.3.1. We are currently building our new £30 million state of the art hospital in Guildford and as part of this work we are looking at the overall model of hospital and community care, our "acute care pathway" that will be needed to make the best use of this facility.

3.3.2. This work is currently in progress and we have assessed 5 different models of acute care services and have sought to involve key stakeholders as part of this process. We are currently scoping the feasibility of a pilot arrangement that may be implemented on

one of our existing wards (commencing within the next 4-6 months).



3.3.3. Since 2012 our Criminal Justice Diversion and Liaison service was established in 2012/13. This is a joint initiative with Surrey Police to make sure that people with mental health problems, who come into contact with them, receive appropriate healthcare irrespective of where they are. Our practitioners are present in custody to provide support to individuals and Police Officers. Following the success of this initiative increased investment has been increased from April 2014 to increase the service to provide a response from 7am – 7pm 365 days a year.

3.3.4. Our Liaison Psychiatry services in the Accident and Emergency departments of acute hospitals across Surrey have also increased their coverage across the week and hours of the day. Most recently investment has been secured to enable 24/7 Liaison at Frimley Park Hospital.

3.4. Care Quality Commission Inspections and other feedback on the experience of our services

3.4.1. During July to September 2013 the Care Quality Commission (CQC) conducted a number of inspections to our mental health services. These inspections identified a number of mild and moderate impact improvement requirements but no issues considered to be major impact were identified. Since receiving the final reports from these inspections we have instigated action plans to ensure the necessary improvements are made and sustained. Summarised below is the status of progress with these plans (with the details taken from our internal Action Plan Tracker Tool). The table below provides an overview of the status of progress by our Working Age Adult and Older Peoples' Mental Health Inpatient Services towards completion of the action plans submitted to the CQC in October. A programme of quality checking this progress is underway – to provide assurance and support teams where progress has been delayed or taken longer than anticipated. This is being further supported by the Board Walk-A-Round programme also reviewing progress against action plans

Mental health in-patient services tracker

RAG Status	Milestone and Workstream RAG	Totals	%
Purple	New action	0	0%
Light Grey	Not yet started - Not due yet	0	0%
Green	In progress - On time	5	3%
Amber	In progress - Risk to not completing on time	4	3%
Red	In progress - Overdue	24	16%
Black	Not started - Overdue	0	0%
Blue	Action Completed	117	78%
Grey	Action Aborted	0	0%
Total Actions		150	100%

3.4.2. Our Expert Report provides a collation of all the different sources of feedback from people who use our services and carers, and other stakeholders including staff. This is published quarterly and is discussed at our Council of Governors. A copy of this has been provided to the Committee. We would highlight one new development we have introduced in 2013 which is our Your Views Matter initiative. This now provides a systematic way for us to collect, collate and report the views of people who use our services and carers on their experience of our services. The latest results from the survey are included as an appendix to this Report for the Committee. These show that in Quarter 3 people reported an overall satisfaction level of 67.57% in our inpatient services and 81.39% in our community services.

3.4.3. The results of the 2013 NHS Staff Survey have recently been published. These show that we have continued our steady year on year improvement in our staff experience. A summary of our highest and lowest scoring areas is provided in an appendix to this report.

4. Current Areas of Focus and Future Service Developments

4.1. **Mental Health Crisis Care Concordat:** This important document was launched in February 2014 and reinforces work that is currently underway with us and the Emergency Services to ensure that people receive effective emergency support for their mental health when needed. In particular there are 2 initiatives underway:

4.1.1. The review of the crisis line – scoping the potential for it to be integrated as part of emergency control centres.

4.1.2. Project work with Surrey Police to maintain and improve the low rates of people with mental health issues taken to police custody as a place of safety, and to consider the potential for other projects that will provide a better first ‘emergency’ response to people with mental health issues.

- 4.2. Supporting Young Adults:** There has been an increase in the number of 16 & 17 year olds being detained under s136, and there have also been a number of occasions this year where people aged under 18 have had to temporarily use one of our inpatient beds as there are no specialist younger people's beds available. This reflects the national position, and the provision of paediatric beds is being reviewed by NHS England. We keep young people safe in our services by providing additional staff support and ensuring that we provide care in a separate area, however this is not a service that we would wish to provide. Therefore we are also using our Home Treatment Team (HTT) working in partnership with CAMHS (Children and Adolescent Mental Health Services) teams to keep young people in their family homes with our support wherever possible. This is one example of the way we try to work flexibly and in partnership with others to support people in the best way possible – especially at times of crisis.
- 4.3. Extended Hours of Access:** We have just started increased opening hours in two CMHRS teams (in Epsom & Ewell and Mole Valley) to look at the benefits of providing services 8am-8pm, and we have also enabled direct GP access to our HTT. It is anticipated that future service reviews will look at increased accessibility into our community services – and if successful it is envisaged that these pilot schemes will be implemented elsewhere.
- 4.4. Additional places of safety:** We have also just started a 'Time out café' project in Surrey Heath that is designed to reduce people with mental health needs attending A&E at Frimley Park Hospital. This project is in partnership with a local voluntary sector organisation, and we will be providing staff from 6-11pm, and throughout the weekend. Once again, if this is successful we would be keen to look at other similar projects elsewhere in Surrey.

5. Conclusions:

- 5.1. SABP provide a wide range of safe and effective services for people with mental health needs. In line with our clinical strategy and the national government's direction of travel we are supporting the health and social care system in Surrey through partnership working within many of the services that we operate.

6. Public Health Impacts

- 6.1. The services (and envisaged changes) as discussed in the sections above are cognisant of the links between physical health and mental health, and this is defined in our Clinical Strategy and also supported by 'Closing the Gap' (DH Jan 2014). This document makes a number of statements that show the link between physical health and mental health:

- 6.1.1. Men with a severe mental illness die 20 years earlier than other people; women 15 years earlier (p 27).

6.1.2. People with mental health problems have higher levels of alcohol misuse and obesity than the population as a whole, and do less physical activity. Some 42% of all tobacco smoked is by people with mental health problems. These difficulties are frequently exacerbated for people with mental health problems who often live in poverty, have poorer social networks, and more difficulties accessing housing, employment, education and other opportunities (p.27).

6.1.3. Psychological Therapies should be integrated into the care for people who are managing long-term physical health conditions (p.14).

6.2. Closing the Gap (p. 21) suggests that the Better Care Fund allocated to Health and Wellbeing Boards should be used to focus on addressing some of these issues.

Recommendations:

7. The Select Committee are invited to note the report

Next steps:

Identify future actions and dates.

Report contact: [Name, post title and service of the person able to respond to detailed enquiries]

Contact details: [Telephone/Email]

Sources/background papers:

- Closing the Gap (Department of Health, January 2014), available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf
- Mental Health Crisis Care Concordat (Department of Health, February 2014), available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281242/36353_Mental_Health_Crisis_accessible.pdf

“Your Views Matter”

People Experience Trackers



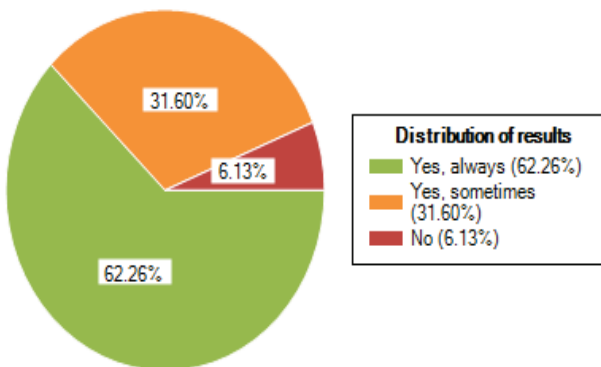
Quarter 3 (Oct to Dec 2013) “Your Views Matter” is our real time People Experience Trackers – and they are a way for us to gain important feedback from people who use our services and their carers about their experience of our services. Our Team/Ward Managers have access to the feedback for their service so they can act upon it accordingly to ensure any improvements can be made quickly.

Feedback from our In-patient services

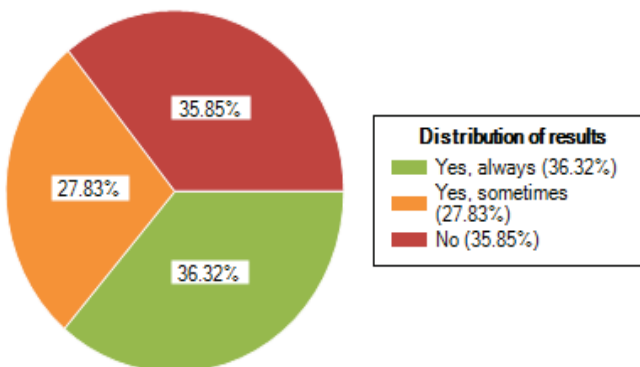
Combined result from all questionnaires submitted between 01/10/2013 and 31/12/2013	Number of questionnaires submitted between 01/10/2013 and 31/12/2013
67.57%	212

Inpatient Question Analysis Results

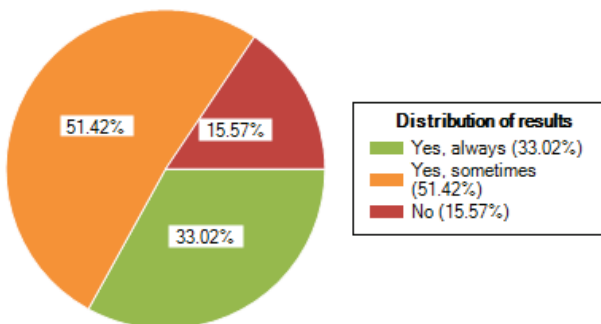
2. Did the staff speak to you with respect and dignity? (Overall score: 78.07%)



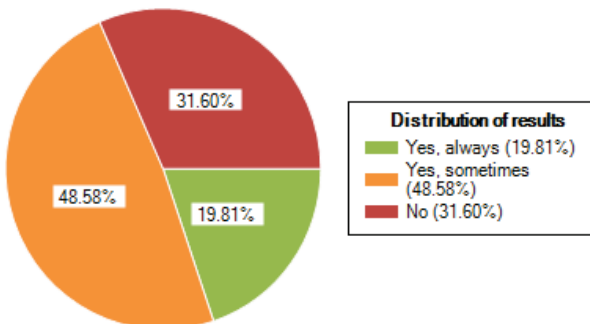
3. Did a member of the nursing team spend dedicated time with you each day? (Overall score: 50.24%)



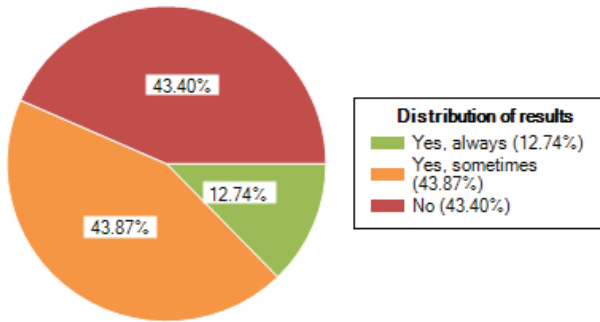
6. During the daytime - are there sufficient activities to take part in? (Overall score: 58.73%)



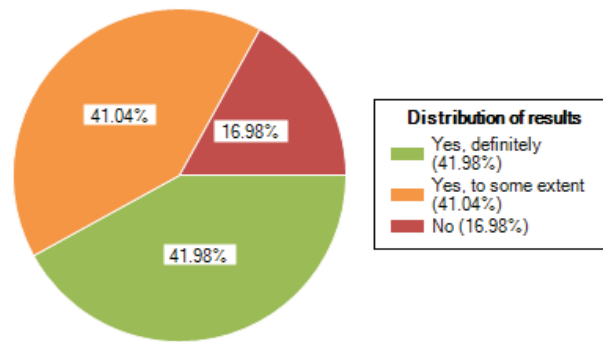
7. During the evening - are there sufficient activities to take part in? (Overall score: 44.10%)



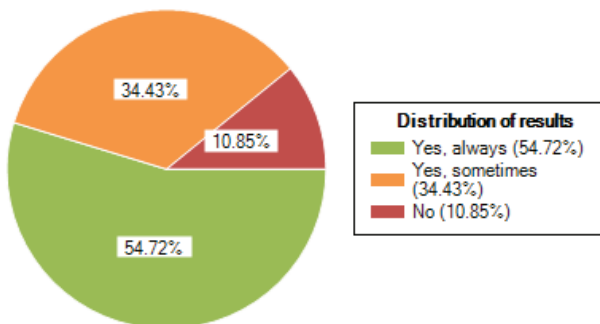
8. At weekends - are there sufficient activities to take part in? (Overall score: 34.67%)



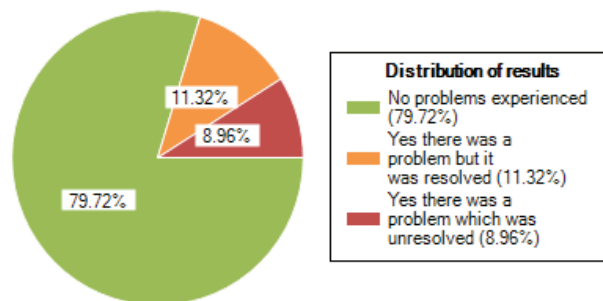
10. Did you feel involved as much as you would like to be, in decisions about your care and treatment? (Overall score: 62.50%)



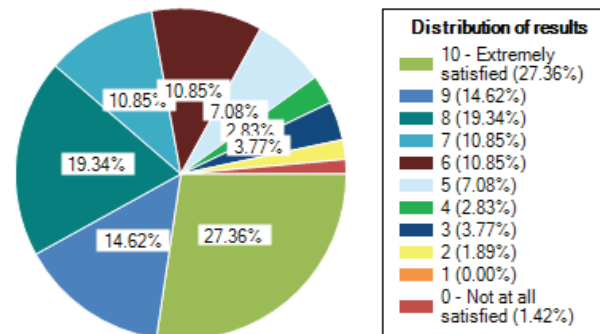
11. Did you feel safe during your stay on the ward? (Overall score: 71.93%)



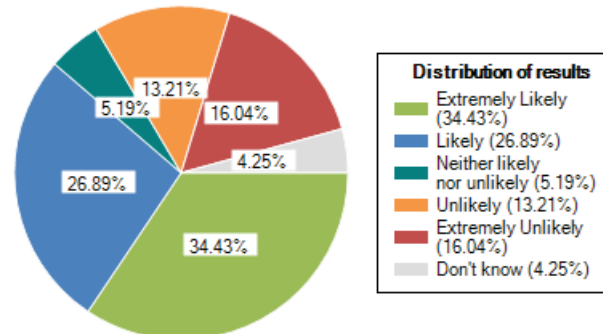
12. Did you experience any problems with the quality of care you received that were not resolved? (Overall score: 85.38%)



13. On a scale of 0-10 (where 0= Not at all satisfied and 10= Extremely satisfied) How would you rate your experience of the service overall? (Overall score: 76.27%)



14. Based on your experience - how likely are you to recommend our ward/unit to your friends and family if they needed similar care or treatment? (Overall score: 63.18%)



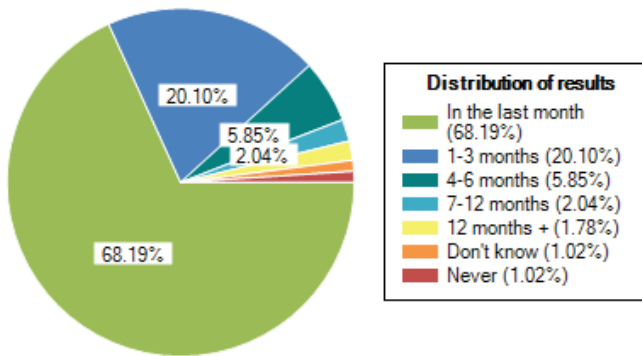
Your Views Matter – our feedback from our community services

Combined result from all questionnaires submitted between 01/10/2013 and 31/12/2013	Number of questionnaires submitted between 01/10/2013 and 31/12/2013
81.39%	393

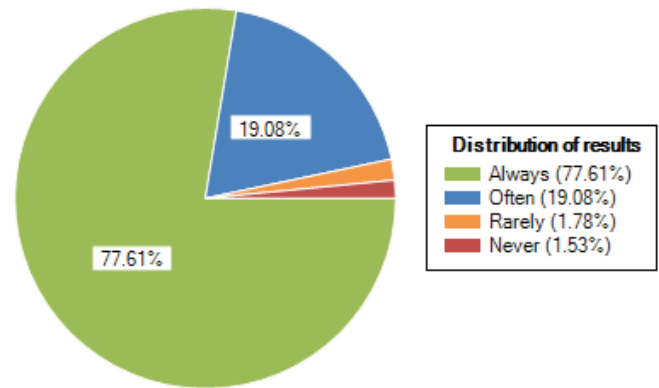
Community Question Analysis Results

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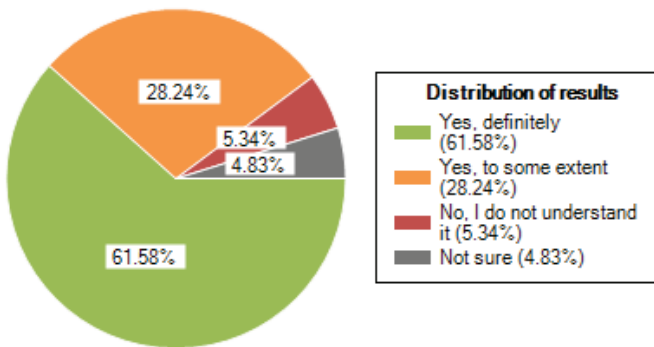
2. When was the last time you saw someone from our services? (Non Scoring)



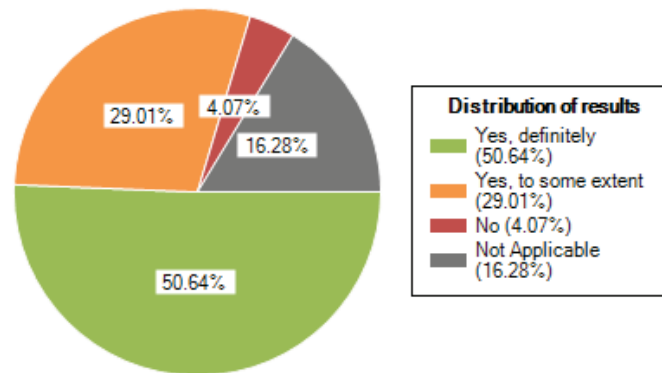
3. Do you feel you were treated with dignity and respect? (Overall score: 90.79%)



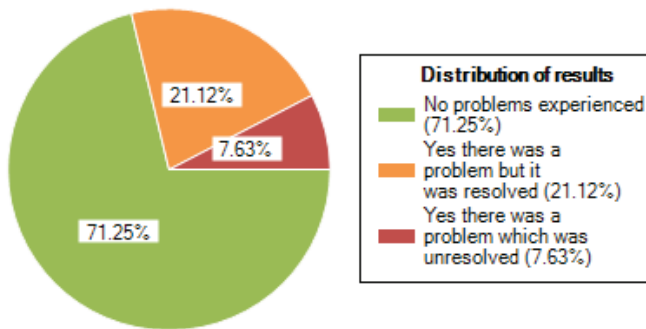
4. Do you think your views were taken into account when deciding what was in your care plan? (Overall score: 79.55%)



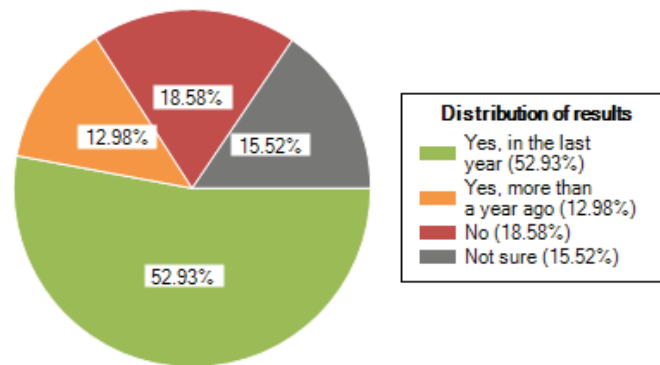
5. Do you think your views were taken into account in deciding which medication to take? (Overall score: 77.81%)



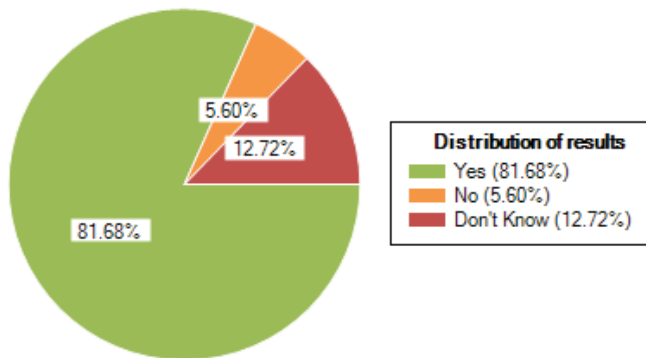
9. Did you experience any problems with the quality of care you received that were not resolved? (Overall score: 81.81%)



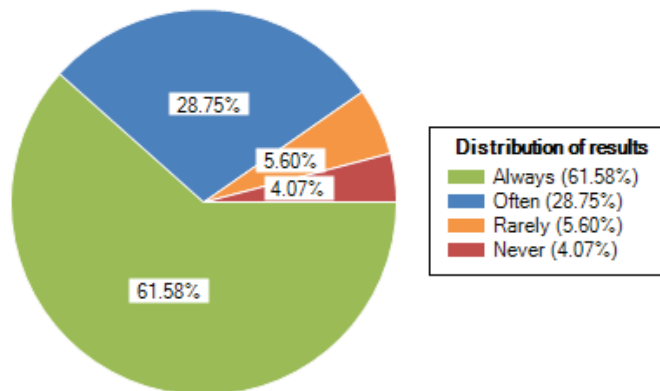
6. Were you given (or offered) a copy of your care plan? (Overall score: 70.33%)



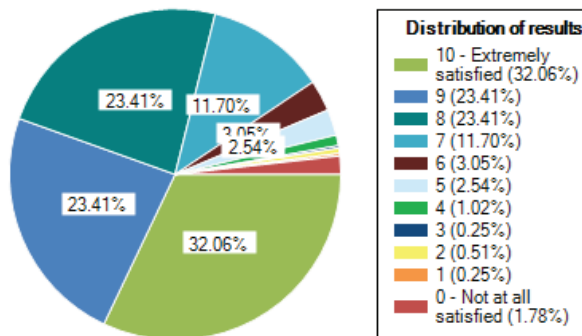
7. Can you contact your Care Co-ordinator (or lead professional) if you have a problem? (Overall score: 84.48%)



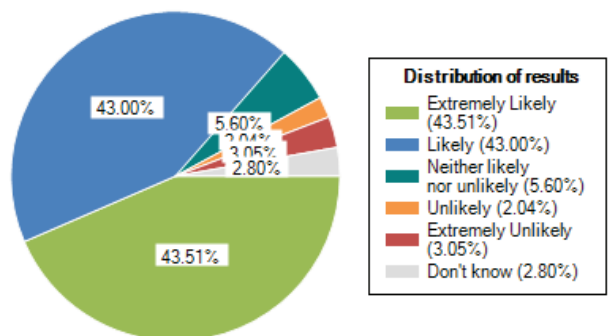
8. How well does your Care Co-ordinator (or lead professional) organise the care and services you need? (Overall score: 82.40%)



10. On a scale of 0-10 (where 0= Not at all satisfied and 10= Extremely satisfied)How would you rate your experience of the service overall? (Overall score: 83.77%)



11. Based on your experience - how likely are you to recommend our service to friends and family if they needed similar care or treatment? (Overall score: 81.35%)



You can tell us your views by logging onto:
<http://www.sabp.nhs.uk/yourviewsmatter>

2013 Staff Survey Headlines

The results of the 2013 NHS Staff Survey have recently been published. Unlike many organisations Surrey and Borders Partnership has surveyed its entire staff every year for the last five years using the national survey, instead of a sample of only 850. Early indications suggest we have no statistically significant deterioration in our results compared with both 2011 and 2012 results. We have 12 results in the top 20% of Trusts and no results in the lowest 20% of Trusts. This would appear to place us in top ten and maybe the top five of mental health Trusts in the country. However we aspire to be better than the best so we have still much work to do to achieve this.

Our Top Five Ranking Scores

Key Findings	National Average	Our Result 2013
KF9 Support from Immediate Line Managers	3.82	3.94
KF19 % staff experiencing harassment, bullying or abuse from staff in the last 12 months	20%	16%
KF13 % staff witnessing potentially harmful errors, near misses or incidents in the last month	26%	21%
KF12 % of staff saying hand washing materials are always available	54%	62%
KF2 % staff agreeing their role makes a difference to patients	90%	92%

Our Bottom Five Ranking Scores

Key Findings	National Average	Our Result 2013
KF3 Work pressure felt by staff	3.07	3.10
KF5 % of staff working extra hours	71%	73%
KF27 % staff believing there are equal opportunities for career progression or promotion	89%	88%
KF6 % staff receiving job relevant training in the last 12 months	82%	81%
KF17 % staff experiencing physical violence from staff in the last 12 months	4%	4%

The improvement in our results this year is reflected by the closeness of our bottom five results to the national average.

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