

# Agenda Item 7

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report by John Brewin, Chief Executive of Lincolnshire Partnership NHS Foundation Trust

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>19 July 2017</b>
Subject:	<b>Lincolnshire Partnership NHS Foundation Trust - Update</b>

## Summary:

LPFT directors will give an overview of the current issues within the Trust, and update on recent feedback from the CQC re-inspection, current service developments, and end of year 2016/17 performance.

There will be a discussion on current challenges, and plans to address them, along with a brief summary of the Trust's contribution to the countywide STP.

## Actions Required:

To note

## 1. Background

### Lincolnshire Partnership NHS Foundation Trust

Lincolnshire Partnership NHS Foundation Trust provides the following services: children and adolescent community and in-patients, adult community, in-patients, crisis and place of safety, low secure forensic, learning disability, older adult community and in-patient, in-patient rehabilitation, and a variety of psychological services.

A range of smaller specialist services are also provided, including; community eating disorder, perinatal psychiatry, sexual assault referral centre, acute hospital liaison, and staff well-being.

## CQC inspection

The Trust underwent a full CQC re-inspection in April 2017. It is now rated overall as 'good', previously being rated as 'requires improvement'. The five CQC domains rated are; safety, effectiveness, responsiveness, caring, and well led. The appendices below show the improvements from the initial inspection in 2015.

Particular areas of progress include:

1. Safe - Services have improved from inadequate to good
2. The well led domain has improved to good
3. Community children and adolescent services (CAMHS) continue to be rated outstanding
4. The CQC also noted the transformation across the Trust in a relatively short space of time, identifying a real positive engaged workforce, with good morale, a patient centred approach, and a responsive helpful attitude.

Further work is required in a number of areas;

1. The only inadequate rating was for the use of out of area beds. The CQC noted this was a joint endeavour with Commissioners to address
2. Overall the rating for Effective services remains Requires Improvement (RI), reflecting issues around recording of risk assessments, care plans, and clinical supervision
3. The recently transformed Learning Disability (LD) service is also rated as RI, and teams have require more support and development to enable them to fully deliver the new model of care.
4. The transformation of adult community services is also underway, and there remains a significant amount of work to develop co-designed pathways of care, to meet the demands of local populations. It will also be necessary to align and integrate this work with the development of locality based Neighbourhood teams, an integral part of the Sustainability and Transformation Plan (STP) plan.

## Service Developments

1. A significant focus is on proposals to address the out of area bed use, approximately 300 patients received treatment out of county in 2015/16.
2. A new Psychiatric Intensive Care Unit (PICU) was opened earlier this month. A 10 bedded unit for men with acute and severe illness. This service has not been previously available in the county
3. An equivalent women's unit is proposed, with the aim to be open by the end of 2018, both will be located on the St Georges site in Lincoln.
4. Additional services that will also address this issue include; a Clinical Decisions Unit, allowing a more detailed assessment to help avoid admission, investment in more intensive crisis and home treatment services, and the creation of a community based rehabilitation service.

## 5 Year Forward View (5YFV) for Mental Health and Learning Disability

The *Five Year Forward View (5YFV) for Mental Health and Learning Disability* is a national strategic document and has key objectives to be in place by 2020/21, which include:

- An end to out of area admissions
- Expansion of psychological services, Improving Access to Psychological Therapies (IAPT or Steps to Change in Lincs) for both people with long term conditions and children and young people (CYP)
- Expansion of MH liaison services into acute hospitals to become 24/7 for A&E
- Greater collaboration with police and criminal justice system, developing places of safety, triage cars, CPNs in police control room, and court diversion schemes
- Provision of additional eating disorder and perinatal services
- Completion of the Transforming Care national learning disability programme of work.
- Roll-out of crisis and home treatment 24/7 for CYP to provide more immediate support and care, and reduce need for admissions.

## 2016/17 Performance

1. The Trust met all its financial targets for the year, and the majority of the other performance and quality indicators.
2. A small surplus was recorded above the Control Total set by NHS Improvement (NHSI) of c£700k on a budget of £100m
3. For this the Trust received an additional bonus from the national Sustainability and Transformation Fund (STF), and this can be used to support on-going capital programmes
4. The efficiency savings were 100% achieved, though approximately one third were non-recurrent savings, putting additional pressures onto this financial year.
5. The most significant target not met was for Delayed Transfers of Care (DToC). With focussed work these have reduced significantly in adult services, but remain challenging in older adult services. The biggest issues are the lack of appropriate placements. Latest figures though following some focussed work with LCC and housing report improvements from 20% to only 9%, close to the target for MH Trusts.

## Continuous Quality Improvement

- The Trust has adopted a series of measures to ensure that quality improvement becomes an inherent part of service delivery. To this end we are in the process of completing the first phase of the NHSI Culture and Leadership diagnostic programme. This will inform our plan and delivery of it over the next 2-3 years and onwards.
- Early benefits include a significant improvement in the national staff survey responses (3<sup>rd</sup> most improved MH Trust nationally in 2016). Staff report feeling more engaged and involved in service developments. An improved CQC rating, and a good Well Led Review (a national NHSI requirement).
- Part of this programme includes taking the learning from external visits to Trusts that have evidenced significant quality improvements.

## Current Challenges

1. Workforce recruitment and retention. The Trust has invested in this over the last 12 months, and significantly reduced the vacancy rates, especially for qualified nursing staff. It remains a national issue and an area that requires continuous focus
2. Maintaining quality services in an austere financial environment. There has been little new investment into MH and LD services in recent years despite being in the national spotlight, and the requirements of the 5YFV. LPFT is one of the pilot Trust for the Carter review, it is hoped that this will enable us to drive as much efficiency savings out as possible.
3. Providing a fit for purpose estate. Much of the in-patient estate and facilities in the Trust are getting to their sell by date. The CQC identified dormitories and shared bays on wards, that are not acceptable by today's standards. Work is underway to explore the reprovision requirements over the next 5 years, and these will require significant capital investments.

## Sustainability and Transformation Plan (STP)

- The Trust is actively involved in the STP particularly in helping describe and contribute to the priority of providing locality based integrated out of hospital care- Neighbourhood Teams.
- There is increasing alignment and collaborative working with the Community Trust (LCHS), both in service delivery, and in joining back office functions to make savings.
- We have also formed a "virtual" MCP (Multi-specialty Community Provider). This is an alliance between the 2 Trusts and a GP federation to explore how we could collaboratively provide, with other key stakeholders, a full range of locality services.
- A number of staff are engaged in a variety of other STP work programmes, including; finance, estates, operational efficiency, communications, HR workforce, and organisational development.

## **2. Consultation**

This is not a consultation item.

## **3. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy**

From the above it can be seen that the Trust is addressing a number of key themes identified in the Joint Health and Wellbeing Strategy. Although MH was described as a key component of all the priorities there were none that were specific to MH. Since the JSNA was initially undertaken the Trust no longer provides services for alcohol and drug dependence.

1. Provision of psychological support for (older) people with long term conditions
2. Working with south-west Lincolnshire CCG to meet targets for dementia diagnoses.
3. 24/7 response for CYP in a crisis, and working with LCC to provide Healthy Minds Lincolnshire, an emotional wellbeing service for CYP
4. Transformation of LD services, and implementation of the employment pledge for LD service users
5. Success and national recognition (centre of excellence) for Individual placement and support (employment) team
6. Development and implementation of a joint suicide prevention strategy
7. Implementation of smoking and alcohol CQUIN. This is an incentivised programme to ensure patients receive advice and support to reduce these activities.

#### **4. Conclusion**

1. The Trust is currently well placed following a full CQC inspection, and strong end of year performance
2. The NHS environment remains challenging and there are many pressures on resources and staffing. There are good plans in place to address these where possible
3. To enable the Trust to continue to meet these challenges there a number of key programmes in place, the most significant is the Continuous Quality Improvement work that will support long term sustainability.
4. The STP process is still relatively new, focussing on the health and social care system rather than individual organisations, whilst actively participating in this it is critical that the trust maintains its focus on people with MH and LD problems, to ensure we provide the quality of services they deserve.
5. The Trust is working closely with Commissioners to ensure that additional resources are available to provide the full range of services to fully meet the needs of patients with MH and LD problems in the county.

#### **5. Appendices**

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire Partnership NHS Foundation Trust Presentation to the Care Quality Commission Quality Summit 15 July 2017

#### **6. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by John Brewin Chief Executive Officer, Lincolnshire Partnership NHS Foundation Trust

