Update on the delivery of the Clinical Strategy 2013 to 2015

Summary:

This paper outlines the progress made in developing and delivering on the Clinical Strategy for LPFT, in line with the NHS Lincolnshire Transforming Mental Health Services (TMHS) process, designed to inform commissioning intentions.

Significant progress is described in relation to:

- The managed care network
- Single Point of Access
- and integrated community teams
- Hospital intensive Psychiatric Service and dementia
- Prevention of Admission Community team

Members of the Health Scrutiny Committee are asked to consider this progress.

We are drawing to the conclusion of Phase One of TMHS, before moving on to address another range of services. However, there remains the issue of Sycamore Assessment Unit, which was closed temporarily in March 2011, due to safety concerns. The case for this unit remaining closed is outlined, together with the way service users are currently cared for, in such a way as to reduce the demand for acute beds in this area. Members of the HSC are asked to approve the permanent closure of the Sycamore Assessment Unit.

Finally the scope of the next phase of work has been determined, as the Clinical Strategy is to be refreshed, and members of the Committee are asked to support the Trust in concluding Phase One of the delivery of the Clinical Strategy, and to support the proposal.
to refresh the Strategy to develop potential future options for inpatient bed based services (including for children and young people, older adults and for people with acute mental health needs) and community based services as part of a new phase of the Transforming Mental Health Services Review Process.

**Actions Required:**

a) To consider the progress in developing mental health care support and services over the last three years in line with the clinical strategy for 2013 to 2015. This resulted from a process of detailed engagement with staff, members, Governors, the Health Scrutiny Committee and other stakeholders.

b) To support the Trust to conclude phase one of Transforming Mental Health Services in Lincolnshire and to commence a further phase of engagement in developing the refreshed clinical strategy for 2014 to 2016. This with the aim of ensuring that mental health services continue to evolve and meet the highest possible standards of care, safety and quality for the next three years and beyond.

c) To support the recommendation to permanently close the Sycamore Inpatient Unit in Grantham.

d) Support the proposal to refresh the Clinical Strategy and to develop potential future options for inpatient bed based services (including for children and young people, older adults and for people with acute mental health needs) and community based services as part of a new phase of the Transforming Mental Health Services Review Process.

1. **Background**

1.1 **Clinical Strategy Implementation and Service Developments**

On 16 November 2011, the Health Scrutiny Committee was informed that Lincolnshire Partnership NHS Foundation Trust (LPFT) had begun a process of reviewing mental health services for adults, in order to develop a refreshed Clinical Strategy for services for the three-year period to 2015.

This was linked to the NHS Lincolnshire Transforming Mental Health Services (TMHS) process designed to inform future commissioning intentions and was carried out by involving service users, carers, staff, the LPFT membership and a range of stakeholder organisations. As draft proposals were developed, these were shared with stakeholders through a series of “confirm and challenge” events, and meetings with specific groups, e.g. mental health forum, Clinical Commissioning Group (CCG) meetings and LPFT Trust Governors. The Health Scrutiny Committee for Lincolnshire had updates on the TMHS services process and the clinical strategy being implemented by LPFT during 2012 and 2013.

The high level of engagement was captured in a draft Clinical Strategy that was presented to the Health Scrutiny Committee on 25 July 2012. The document described how mental health services were to be shaped to improve care for patients over the following three
years in response to the consultative events. The Strategy was generally welcomed by the Health Scrutiny Committee.

Encouraged by the high level of consensus, the majority of the changes to the services that were proposed have been progressed and either implemented or being completed. This paper provides an update of the implementation of the clinical strategy and shows how these aligned to the (TMHS) process.

1.2 Summary to date:

Perhaps not surprisingly there was a high degree of overlap in the feedback from the people involved in the TMHS work, and producing the Clinical Strategy indicated that they regarded the following as important: -

- Easier access to LPFT services, including services for people in crisis.
- Services should be available to all, regardless of age.
- That there should be a comprehensive range of the following services that were easy to access and navigate;
  - Services for people with mild to moderate mental health issues.
  - Services for people with more severe and enduring mental health issues.
  - Services for people with dementia.
- And that there should be alternatives to a hospital admission available where appropriate for patients.

With high levels of consensus and approval of service commissioners the Clinical Strategy sought to address all of the above, as well as where relevant the broader provision of services in the Trust’s portfolio (for example Learning Disability services, Drug and Alcohol Services, services for Children and Young People and Personality Disorder services).

1.3 Progress since last report to Health Scrutiny Committee:

Considerable progress continues to be made on the agreed service changes in response to the high levels of engagement and consultation since the last update to the Health Scrutiny Committee in January 2013. The most important features of these are as follows: -

The Managed Care Network

The Managed Care Network was created to strengthen what is available to people once they are well enough to be discharged from LPFT services, or indeed to prevent the need for specialist mental health services in the first place. Lincolnshire County Council commissions LPFT to provide a range of services (through partner providers) for adults up to the age of 65, through the Mental Illness Prevention Fund.

The Managed Care Network is a federation of organisations that provide a range of services (for example wellbeing services or activities) to give people support and structure in their lives. Approximately £500,000 was invested by the County Council, in two phases of development of the network in order that it would run for two years, commencing 2011/12. It includes a full evaluation. A third tranche of investment is currently being progressed, as the County Council has agreed to continue funding for a third year, with an additional investment of £320k.
When the Network was first established 30 groups and organisations provided a total of 32 projects. Currently there are 67 member organisations providing 72 projects across the county. Twenty-nine different types of activity have been identified, giving people more choice in finding the type of help that is right for them.

Up to 2,500 local people have benefitted from the help and support provided by Managed Care Network members, and the outcomes that have been reported include better self-esteem and greater confidence, and improved mental and physical health which has enabled people to enjoy more social contacts, learn new skills and, in some cases, return to work and other meaningful activities.

Lincolnshire’s mental health support networks have been shortlisted for a prestigious Health Service Journal award, Innovation in Mental Health category. This is a joint entry between LPFT, LCC and the Lincolnshire SHINE network.

**Single Point of Access and Community Teams**

The establishment of a Single Point of Access (SPA) for the public and General Practitioners to refer patients for LPFT services, including a single contact telephone number available 24 hours a day and seven days a week in order to further improve access. This is now in operation across half of the county, with completion of the roll out by the end of 2013. Early feedback indicates that the SPA is working well, and already demonstrating improvements to access for service users.

Once a patient has been referred to the Single Point of Access, people are directed as appropriate to the community teams that provide mental health services at local level or if necessary to the Crisis Resolution and Home Treatment Team for immediate help.

**Integration of Community Health Teams**

These specialist teams that cover large geographical areas have integrated with the local Recovery teams to establish multi-functional locality based teams. These now include the functions of Recovery Teams, Assertive Outreach Teams, Early Intervention Teams and Crisis Resolution Home Treatment Teams.

The Integrated Teams are developing a greater focus on psychological interventions. 92% of the nursing staff within the community teams completed training in the use of psychological interventions. This is being supported by the Adult Mental Health Psychology Service integration into the teams, to support the further development of psychologically competent and confident teams. The training programme and its implementation are being fully evaluated; immediate post training evaluation indicates improvements in both staff knowledge and confidence in this way of working.

**Dementia and the Hospital Intensive Psychiatric Service (HIPS)**

A range of dementia care is provided by LPFT, including specialist memory clinics and intervention by specialist staff such as psychiatrists and psychologists, for outpatients and dedicated dementia wards in Lincoln, Boston and Grantham. Care is also provided by liaison staff, working as part of the new HIPS service.
The Trust established this new multidisciplinary liaison service at Lincoln County Hospital, based on the Rapid Assessment, Interface and Discharge (RAID) service in Birmingham. RAID is a nationally recognised service model, which features in the 2012/13 Operating Framework as an example of good practice. The project group included United Lincolnshire Hospitals NHS Trust (ULHT) staff and they named the service HIPS.

The service operates 24 hours a day, 7 days a week, and is aimed at a) admission avoidance and b) supporting the discharge of patients from the acute hospital. The service assesses people for mental health difficulties and ensures access to the appropriate LPFT service; provides advice and consultation to ULHT staff; delivers short term interventions and provides on-going support to staff within ULHT.

The HIPS team comprises mental health nursing staff, medical staff, a psychologist, and an end of life care nurse, jointly appointed with St Barnabas Hospice. The introduction of this service enables the Crisis Resolution Home Treatment team to focus on the provision of home treatment, thus increasing effectiveness.

Prevention of Admission Community Team (PACT)

The PACT team works closely with the HIPS team to support both prevention of admission and also timely discharge. This service is commissioned by LPFT from the third sector. PACT provides short term social care support, provided by collaboration between: Adults Supporting Adults, Age UK Lincoln, and Lace Housing. The service is able to transport home patients who do not have a medical need for admission, or who are ready for discharge, accompanied by a trained support worker who ensures the individual is settled in back at home, for example, by making sure the heating is on, making a meal, and sitting with the individual until they are settled.

1.4 Transforming Mental Health Services (TMHS)

The TMHS process has been to work with service users, carers and stakeholders to inform Commissioners on those areas where improvements needed to be made to services for the benefit of patients, in response to feedback about how services could be improved. In many instances as these also featured as part of the clinical strategy a number of service improvements were agreed for implementation, such as a Single Point of Access (SPA) and the establishment of integrated teams with a therapeutic focus.

With the rapid advancement of service developments in parallel with the stakeholder engagement and changes to Commissioning arrangements it is now timely to consider bringing Transforming Mental Health Services (phase one) to a conclusion and the launch of a new phase of review in parallel with a refresh to the Clinical Strategy. It is proposed to bring a further paper to Health Scrutiny Committee in December 2013 to outline this.

1.5 Patient Safety

A consistent feature of both clinical strategy and the TMHS review processes was the need to ensure that the current and future design of services assured the continuation of safe and effective high quality care across the County. This has been one of the main cornerstones of the commissioner led “Shaping Health” series of strategic reviews across the County.
During the course of this strategic planning period the Sycamore Assessment Unit, an acute inpatient Unit based in Grantham, was temporarily closed owing to considerable safety concerns. This was initially deemed to be on a temporary basis pending more detailed consideration and discussion with various key stakeholders including patient groups, General Practitioners and Health Scrutiny Committee members.

1.6 Sycamore Assessment Unit: The case for remaining closed

For some years, it has been clear that the Sycamore Assessment Unit was not fit for purpose as an acute inpatient unit. The physical environment of the unit is not appropriate for the high risk patients who were admitted there. In previous use, the building was a children’s home, built on a square grid. Consequently over a period of five years the number of available beds had been gradually reduced from 15 to 7 (plus 2 for Ministry of Defence patients) while retaining a full complement of staff to mitigate the environmental risks that were presented but this was never an ideal situation.

By current standards the building is not fit for purpose, with the layout of the building not enabling the safe observation of service users who required it and multiple design features that presented risk. The beds are upstairs, including the seclusion unit, which makes the process of seclusion extremely difficult when it involves having to take a disturbed service user upstairs for their care.

The Care Quality Commission visited the Unit in November 2011 and raised a number of issues, including the problems with the seclusion room on the first floor and the lack of facilities for people with physical disabilities.

Despite being managed with fewer service users and the same complement of staffing, the unit continued to be environmentally unsuitable as an acute inpatient unit and there was a serious untoward incident where a person tragically committed suicide whilst an inpatient there.

In March 2012, on the basis of it being unable to assure the safety for both patients and staff, the LPFT Board of Directors decided to close the Sycamore Assessment Unit to new admissions. Once all service users had been discharged, the unit has remained closed pending a formal decision about its future.

Since the unit closed in March 2012, people in the Grantham area have been supported by an augmented Crisis Resolution Home Treatment team. Those individuals who do need an admission to an acute unit have been admitted to Lincoln Peter Hodgkinson Centre or to Boston Pilgrim Hospital where appropriate specialist inpatient facilities exist.

During the time that the Sycamore Assessment Unit was still open, those individuals who presented as presenting particularly high levels of risk were already being admitted to these units, rather than to the Unit due to the lack of appropriateness of the physical environment there.

Since the closure the overall acute inpatient provision within Lincolnshire has generally managed without the beds in the Sycamore Assessment Unit: from July 2012 to March
2013, the total number of people admitted to acute beds out of county was 19, with a total number of occupied bed days of 316. This equates to the provision of less than one bed across a year.

There has been consultation with local General Practitioners with no adverse feedback from GPs in the area.

One patient’s representative expressed a complaint about the service being closed and as a consequence the Trust agreed to make provision towards transport costs where hardship was identified and this is a facility that has continued.

In view of this, the lead commissioner for LPFT South West Lincolnshire Clinical Commissioning Group is clear that on this basis, they would not be looking to open any additional beds to cover this number of patients.

The recent introduction of the Hospital Intensive Psychiatric Service is and will continue to support the improved provision of Home Treatment, which is likely to lead to a further reduction in acute bed use, so out of area acute bed use (as opposed to Psychiatric Intensive Care Unit beds) could reduce even further.

To summarise; the Sycamore Assessment Unit has been closed for 15 months and is not a cause for concern for the local South West Clinical Commissioning Group or local GPs in general. In addition there has been remarkably little public interest in this closure and the matter has not featured in any recent Trust public engagement exercises and the Health Scrutiny Committee has been kept informed throughout.

The number of reported incidents involving patients in the acute mental health setting reduced significantly following the temporary closure of the Sycamore Assessment Unit.

All of the SAU staff were offered alternative employment in the Trust and were accommodated without loss, with the unfortunate exception of two people. This is out of a total of 29 whole time equivalent members of staff. The building is still in use for administrative purposes in that it presently hosts the new Single Point of Access Team and there is the opportunity to convert other parts of the building for clinical consultation use.

The Trust’s position is that the Sycamore Assessment Unit should not be re-opened as an inpatient unit because it is unable to assure the risk to patient and staff safety.

1.7 Refresh of Clinical Strategy: developments for 2015 onwards

Having established new models of delivery within the Single Point of Access, the Managed Care Network, and the new Integrated Community Teams, the Clinical Strategy is being refreshed. This refresh will include further potential developments, which may require public consultation.

To signal these to the Committee, these may involve changes to the provision of services such as the location of inpatient units. These are currently the subject of a major piece of work, which will pull together a number of estate issues linked to clinical developments, and they can go through a consultation process together.

Inpatient provision (beds) for adults with mental health problems
The establishment of Discovery House in Lincoln set a new benchmark for inpatient accommodation which the Trust wishes to replicate, ideally for all inpatients in our care. This is a specialist rehabilitation facility providing inpatient beds for adults who are living with severe and enduring mental health issues.

Some of the LPFT inpatient acute facilities (ward areas) do not meet the required standards for a fit for purpose physical environment. The Trust is reviewing all inpatient units with a view to significantly improving the quality, safety and effectiveness and reaching a higher standard of environment. This includes providing accommodation with en-suite facilities that match or exceed the benchmark set by facilities at Discovery House.

(i) Consideration needs to be given to how acute beds are provided in the County, given the competing pressures of the need to deliver high quality accommodation in a geographically sparse area. Options for provision, including the Psychiatric Unit in Boston and acute inpatient care facilities at the Peter Hodgkinson Centre in Lincoln are being scoped.

(ii) In addition the Clinical Strategy will indicate the requirement for improved provision for the young people whom are currently admitted to Ash Villa in Sleaford. Options for future inpatient facilities for young people are being developed including how best to offer Lincolnshire young people and families fit for purpose facilities in Lincolnshire rather than out of County.

(iii) The older adult service, which includes services for people with dementia, will remain a priority in the clinical strategy. As part of this the Trust wants to ensure that the inpatient beds for people with dementia are dedicated to dementia patients, rather than as now when some patients with dementia (organic) illness are in mixed wards with more acute (functionally ill) patients. The Trust is developing care pathways to ensure that only those individuals who absolutely need it are admitted to an acute bed, while retaining as many people at home or in the place of residence (care home) for as long as possible. This will require the development of community teams and significant in-reach to residential care and into people’s homes.

(iv) The Trust wants to develop Extended Crisis teams to provide rapid response to people over 65 years of age, to increase support to people at home and avoid unnecessary admission to hospital where possible.

Reconfiguring the provision of the bed base across the county is a complex and major piece of work, and requires significant input from a wide range of stakeholders at an early stage.

The Trust will build on a strong track record of including partners, service users, carers and stakeholders in considering options. Several of these developments concern the provision of beds and it is likely these will be referred for public consultation.

The Trust is signalling, therefore, an exciting second phase of Transforming Mental Health Services in Lincolnshire as we mark the closure of Phase One.

2. Conclusion
A considerable amount of work has been carried out and significant service developments achieved since the last report to the Health Scrutiny Committee. Now this phase has come to its conclusion, the Trust is well placed to continue to develop and improve services to the benefit of our service users and carers.

3. Consultation

Providing the Health Scrutiny Committee supports and endorses the proposed way forward, the Trust and South West Lincolnshire Clinical Commissioning Group will proceed with a series of engagement events to involve and inform the full range of stakeholders in relation to the conclusion of phase one and the proposed development of phase two of this work.

4. Appendices - None

5. Background Papers

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

The following background papers were used in the preparation of this report:

(List background papers)

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