

## **Health and Adult Social Care Policy and Scrutiny Committee**

18 October 2016

Report of Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust

### **Tees, Esk and Wear Valleys NHS Foundation Trust – One year on Summary**

1. This paper updates Members on the position for mental health and learning disability services since Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) took on services for the Vale of York from 1st October 2015.

#### **Background**

2. TEWV took on services during a challenging period. Following the CQC decision not to register services, TEWV had to implement its business continuity arrangements and ensure that it did all that it could to support patients, carers and staff during a very difficult time. This report outlines the work which was undertaken to minimise the impact of the sudden closure of Bootham Park Hospital.
3. As part of TEWV's service plans, there has been significant changes to the way services have developed, in order to meet the Clinical Commissioning Group (CCG) tender requirements and the specific feedback from service users and carers from the CCG "Discover!" work. This directly informed part of the tender detail and highlighted what people wanted from services, such as support for carers, continuity of care and lower waiting times.
4. In addition, there have been new ways of working as a direct result of transferring from Leeds & York Partnership Foundation Trust (LYPFT), for example migration of IT systems and alternative models of care.

In parallel there have been a number of changes for staff, not only as part of the business continuity arrangements, but also around learning about TEWV's quality improvement system, the Trust Values as well as different policies and procedures. Staff have been patient focused, flexible and resilient during this period.

5. TEWV's service cannot be seen in isolation and over the year the Trust has had to build new relationships with a range of organisations. The focus for some services has, by necessity, been on addressing and understanding how services work – looking inwards. TEWV recognises there is more to do in working with partners and looking outwards. In particular, working with the Voluntary and Community Sector in developing robust plans to explore further joint working.

## **Adult Services**

6. Following the CQC decision around Bootham, adults who needed hospital admission received their treatment in other inpatient units across other parts of TEWV. Most people with mental health problems continued to receive their care and support they needed at home. Additional support was offered via enhanced crisis and home based treatment and the development of a discharge liaison team who had responsibility for supporting patients who were admitted to sites across TEWV. Carer's support for travel and additional associated expenses was provided.
7. TEWV's focus over this period has been to work to minimise the disruption to services and reinstate as many services as is practically possible to the locality, working with the Care Quality Commission (CQC) to do this. In December 2015, TEWV were able to reopen the S136 Suite on the Bootham Hospital site. From January 2016 outpatient services were also reinstated. During this time work commenced on the refurbishment of Peppermill Court (previously an MHSOP facility in Huntington Road) to enable adult beds to be provided in York. The work was delayed by a fire but on the 3<sup>rd</sup> October 2016 the unit opened. During this period up until 3<sup>rd</sup> October 2016, 299 patients received their care away from York.
8. Organisationally, TEWV have been able to support this additional workload, but it has had a consequence to bed pressures and occupancy in other localities. The reopening of Peppermill Court will reduce these pressures in offering local care. The Unit provides 24 beds, 136 suite (place of safety) and a base for the crisis team.

It is acknowledged that the refurbishment of the existing unit has led to some compromises (for example the reduction in the number of adult beds and lack of en-suite facilities). However, the work with service users and carers has ensured that we have made as many modifications to the unit as can be practically accommodated.

9. TEWV will continue to monitor how the beds are utilised. Over the period 1 October 2015 – until 3 October 2016 between 20 – 30 adults from the Vale of York have been in assessment and treatment beds at any one time. Unfortunately this may mean that some people may still need to be admitted out of area, however, we will continue to do our utmost to minimise the potential disruption for service users and carers if this occurs.

### **Rehabilitation and Recovery Services**

10. Further work has also been undertaken to consider how rehabilitation and recovery services need to operate, following the temporary closure of the Unit at Acomb Gables. This service change was part of our business continuity plans following closure of Bootham Park. The service users within the unit were discharged safely either to home with additional intensive support, or where additional care needs were identified, transferred to a secure rehabilitation unit in Middlesbrough. This was done in consultation with service users and their carers.
11. We held a quality improvement event to consider the service vision and to start to develop a work plan to outline the next steps. This involved service users, carers and a wide range of stakeholders. There are a number of options being considered and further data is being collected to inform the proposals. There are a number of other work streams being explored under the rehabilitation and recovery umbrella including crisis house/ step down facilities and wider interface with housing.

### **Other Adult Services**

12. The Trust held a Symposium (13/04/16) with the International Mental Health Collaborating Network (IMHCM), where there was an opportunity to discuss and review new ways of working, with case studies nationally and internationally. Following this event there was a commitment from representatives to a number of learning sets to progress the ideas and help support the wider recovery approach within the Locality.

13. TEWV have demonstrated its work around Recovery with its ongoing investment with Converge (via York St John University), they provide routes into learning and education. In parallel, the Discovery Hub provides “step up” support for people who need additional support for learning, widening access to learning within communities as part of a recovery journey. They have expanded the number of peer support workers during the year and link into the voluntary and community sector around the range of opportunities available beyond the University.
14. Improving Access to Psychological Therapies (IAPT) - It was recognised that there were a number of issues with IAPT services. There were long waits, poor compliance with national targets and gaps in workforce. There have been a number of quality improvement workshops to review ways of working and redesign how the service works. The service has introduced telephone assessment and expanded the range of groups it offers. Whilst the Trust has not yet met the national target of 15% prevalence, the Trust is at 11.11% in August 2016. The proportion of people that wait 6 weeks or less from referral to their first IAPT treatment against the number of people that enter treatment has improved from April 2016 position of 66% to 95% in August 2016. There will continue to be further work in this service.
15. Working with Police - The Trust has worked with the Police and the Police and Crime Commissioner (PCC) to review a range of services with a focus on crisis care. When TEWV inherited the contract, a street triage service was in place but due to staffing pressures it was not as effective as it could be. Following work with the Police, the street triage service has been embedded in the Crisis service and staffing is now sustainable. The Trust also has introduced a mental health practitioner within the Force Control Room. They are able to support front line police in providing advice and expertise around mental health services and help people who may be vulnerable or in mental distress. Further work is planned to evaluate the impact of these schemes and build on national work around the Crisis Concordat.
16. The Trust has listened to feedback about the Single Point of Access service and recognises that it could work better going forwards in providing a direct assessment and brief interventions service.

A quality improvement event was held in March 2016 which focused on the interfaces across IAPT, Primary Care mental health, Crisis, and Community Mental Health Teams (CMHTs) from an access to service perspective. A further event was held in September, involving GP colleagues and CCG representatives which achieved a greater understanding of what a good single point of access and intervention service would look like and other key initiatives relating to the '5 Year Forward View'. This work will develop further over the next year.

## **Older People Services**

17. Peppermill Court closed to Older People's care in order to facilitate the move of Adult Services back to York. As previously outlined to the Committee, a clinical review of patients enabled the appropriate discharge to alternative nursing settings or a transfer to care within Worsley Court. This work involved families in the process. The assessment and treatment service continue to be provided at Cherry Tree House (York). Meadowfields (York) provides female dementia care. Currently Worsley Court (Selby) offers male dementia care but our plan was always to move these services back to York as soon as possible. Following a building programme at Acomb Gables the Dementia male beds will be re-provided within this unit. This will bring all dementia care within the York locality which will be important due to the connection with the acute hospital and physical healthcare. The transfer of the unit is anticipated from January 2017.
18. As part of our tender, TEWV had identified that it would revise the organisation of services. LYPFT had merged both older people and adult services into one specialty, however during the year TEWV have reinstated each speciality and created the necessary governance structures to support this shift. This change has enabled each specialty to enhance its workforce by focusing on the specific skills within each area and has helped us develop attractive consultant recruitment plans for older people in particular.
19. Within the Unit at Cherry Tree House we have used our quality improvement system to review how we support our admission processes to ensure we are providing co-ordinated and responsive care. We have implemented Purposeful In-patient Admission (PIPA) which means having a daily report out with all key staff to track and manage the tasks for the day making sure there are clear plans for the care for each patient.

This helps us make sure people are not spending any longer in hospital than is absolutely necessary. We will be rolling out the PIPA process to the other MHSOP wards during 2016 – 17.

20. Care home work - TEWV have invested in the care home liaison team to enhance the way it works across the locality. The number of staff has increased and the planned operational hours will be enhanced. This service offers valuable support and guidance to care homes in the management and support of older people who may exhibit challenging behaviours. The work of the team helps manage any issues in a timely manner, offers training to care staff and avoids unnecessary admissions to acute and mental health hospitals. We have recognised that the remit of this team goes beyond care homes and as such we are currently in the process of renaming the team to the “Out of Hospital” team.
21. Liaison services – The Trust has further enhanced the acute liaison service which works in A&E and across the wards at York District Hospital to assess people who may have been admitted with an existing medical problem but may also have a mental health condition. The work supports the acute staff in providing the right care and advice, provides mental health assessment, co-ordinates and supports their care. This has an impact on other parts of the system, including reducing the pressure on A&E waits, length of stay in the acute hospital and reducing the level of complexity by earlier intervention. This means that more people may return to their own home or with a reduced level of support than without the intervention of the team.
22. Dementia Care - There is work to implement the dementia care pathway within the Locality. As part of this work there is a quality improvement event planned in December 2016 to help review how Memory services operate. There are currently challenges with long waits for diagnosis and this work should help address this. The Trust continues to work with Dementia Forward in providing follow on support for service users and carers.
23. Delays - An ongoing challenge within the service has been the number of people who are waiting for their care to be provided by nursing or residential sector. TEWV have undertaken a quality improvement mapping event with partners from City of York Council (CYC) and North Yorkshire County Council (NYCC), the Partnership Commissioning Unit (PCU) and CCG.

There are known challenges around Continuing Health Care (CHC) processes, the provision of brokerage and capacity of the nursing and residential care sector which impacts on the number of delays. A weekly review meeting (huddle) now occurs with reps from across the sector to maintain the necessary momentum on addressing this. However, this will continue to be a focus for the future.

## **Learning Disability Services**

24. There have been a number of changes to services within Learning Disabilities, building on the national direction as outlined within Transforming Care. This is a national programme to improve services for people with a learning disability; a key component focuses on reducing the reliance on bed based services by developing and enhancing services in the community.
25. There has been considerable engagement with service users to ensure co-production of service developments.
26. When TEWV took on the contract, there was already a plan to change the bed base within the Locality. White Horse View had historically provided 8 beds to bring people who had been placed out of area back home and support their planned discharge to local community placements. By the end of 2015, it was clear that the work was nearly completed and the last few residents had plans to be discharged. In April 2016 the unit closed. The closure of the unit meant that additional resources could be reinvested in the inpatient unit at Oak Rise, where there were concerns about the safe level of staffing. We have also increased the number of staff in the community team and by doing this we have capacity to support new ways of working. For example enhancing the skills of the team in managing challenging behaviour via a programme called Positive Behavioural Support. Bed occupancy has remained high for various reasons which has led to more intense community support, blended with some buildings based treatment and monitoring to successfully prevent out of area admissions.
27. Further work is currently underway with the CCG to explore ways to avoid admissions and crisis support. This work is being undertaken across the North Yorkshire and Vale of York localities.

The initial focus will be on equitable access to crisis support for people with learning disabilities and intensive home based support to prevent admission.

28. Working with PCU there is now dynamic risk of admission register which focuses attention to the patients with the highest current need and identifies early interventions to prevent admission via the use of Care and Treatment Reviews.

### **Children and Adolescent Mental Health Services (CAMHS)**

29. There have been a number of changes to the way CAMHS services work. The first priority was to invest more money into supporting a crisis model. A number of staff have been recruited to work with the acute liaison service. They work from 1 – 9, 7 days a week and support both the paediatric ward and A&E to treat young people (for instance those who have self harmed). Their intervention may reduce the need for admission, enable speedier support and offer follow up appointments within the CAMHS service.
30. The CAMHS service joined the national transformation programme for Children and Young People Improving Access to Psychological Therapy (CYP IAPT) which skills up staff to redesign services and introduce new ways of working. Further staff are attending the programme this year as part of its roll out. The number of trainees is dependent on the CCG back fill allocation and we are currently in negotiation to confirm this.
31. As part of joint work with North Yorkshire the service has been successful in securing additional funding to invest in Community Eating Disorders services. Recruitment is almost complete and the service is offering a greater level of support and more responsive care for this group of patients. The services in York and North Yorkshire will work together with a shared multi-disciplinary team, ensuring consistency of care across the whole patch.
32. There remain challenges within the service around waiting times and capacity and demand. There is planned work to change the Single Point of Access (SPA) service by January 2017, which aims to improve waiting times and signposting to the right pathway. Over the year there has been collaborative work led by Local Authority around the pilot for well-being workers in schools. This has had a positive impact on demand for CAMHS input from the schools involved in the pilot.

The Trust is working with the CYC to offer supervision and support. There remain acknowledged challenges around some pathways, in particular neurodevelopmental services (Autism and ADHD). There is a planned quality improvement event scheduled to address this issue and a waiting list initiative is to be implemented shortly to reduce these waits.

33. Recruitment to CAMHS consultant posts remains challenging and there are currently 2 vacancies within the small clinical team. There is on going work to explore ways to make these posts attractive. However, this remains a service risk if solutions are not found for this issue.

## **Estates**

34. When TEWV took on services within the locality, it was acknowledged that there were a number of issues with the Estate. A number of changes to the estate have been undertaken as a consequence of the Bootham Park closure, however, there were also a number of issues around the general maintenance and oversight of estates. TEWV continues to work with NHS Property Services to develop this plan, but the standard of many buildings remains below the level of other TEWV led sites.
35. A review of the current buildings from which Community Mental Health Teams (CMHT's) operate has identified a number of constraints with the existing estate. Many of the buildings offer poor patient facing environments, inadequate staff facilities, do not meet Disability Discrimination Act (DDA) requirements and are not optimally configured to meet modern mental health estate expectations. TEWV's tender response outlined new ways of working building on the Vale of York Clinical Commissioning Group's engagement work ("Discover!"), which highlighted a wider community focus.
36. TEWV are developing plans to vacate a number of these poor environments and move to a different model via Community Hubs. A hub will offer outpatient and treatment facilities as well as CMHT office space for adults and older people. Our planning assumptions also include providing appointments and services within patients' own homes, GP surgeries and other community venues.

We will want to continue to maximise the visibility of mental health practitioners within primary care settings and will continue to work to explore how this can be maximised.

37. A working group have considered a range of options and undertaken a full option appraisal on possible sites for Community Hubs. This assessment has indicated that there would ideally be 3 main CMHT hubs across the Vale of York. This would cover Selby, York East and York West. Taking each of the Hub areas in turn:

**Selby** – The CMHT currently use Worsley Court for accommodation and clinic appointments. Some estate work is planned to modify the facility (as part of further work around rehabilitation and recovery services) and this will also enhance the facility to increase the number of clinic rooms. This work is still in development.

**York West - Acomb** – The CMHT currently has office space and a small number of clinic rooms at Acomb Gables. Estate works have been agreed as part of the plans to bring Mental Health Older People (MHSOP) beds into this unit. As part of these plans additional clinic space has been developed and will be available from Winter 2016/17.

**York East** – A new site has been identified – Huntington House at Monks Cross which would enable services from Bootham Park Hospital (including the chapel and driveway), Union Terrace, Huntington Road, (St Andrews) and 22 The Avenue to be relocated. A business case is being compiled to confirm the detailed plans and revenue costs relating to this hub development, but it is anticipated that the new site will be available for patient use from December 2017.

38. There has been further work to review the estate requirements for the new hospital. The clinical teams have considered the operational requirements and as part of our engagement work with patients, carers, stakeholders and the public we have heard a number of the issues which people want to understand in the planning of the hospital. The CCG will lead the consultation process for the new hospital which is scheduled to be completed by 2019.

## **Recruitment**

39. There is a national challenge around recruitment to clinical posts. This report has highlighted where this impacts directly on the Trust around service delivery e.g. CAMHS consultant gaps. However, there have been successes in progressing good relationships with Universities around nurse recruitment via work with our Head of Nursing. A jobs fair is planned in November to promote the variety of work opportunities within the locality. Our work with doctors in training is also focusing on making sure that every placement is positive to ensure that we retain this workforce within the locality.

## **Service User and Carer Involvement**

40. Service user and carer involvement has been integral in our plans. A number of examples are given below:

- 15 service users from the locality participated in the Trust wide recovery work.
- Peppermill refurbishment plans were reviewed and service user and carer feedback informed the revised plans
- A number of service users and carers supported the quality improvement work around rehabilitation and recovery. A number of the sub groups are chaired/ co-chaired by service users to lead the next steps.
- Carers have been involved in plans for Peppermill running a carer training day with staff to highlight to staff the key issues, and have invited Trust reps to participate in various meetings throughout the year.
- The “Have Your Say Day” held in March 2016 within Learning Disabilities was well attended by over 35 people who use these services and influenced our priorities.
- Some service users and carers have visited other units within TEWV and beyond to see how services work. One group visited Aldershot safe haven to meet with staff and service users of the project to understand how the crisis café and safe haven plans worked to help inform local plans for services.
- Exchange events, attended by 60+ people to raise concerns/ discuss issues around mental health services and help inform our plans for a new hospital.
- Service Users and Carers participate in TEWV recruitment sitting on interview panels, focus groups and attending recruitment events.
- During the past 12 months there have been over a 100 different opportunities for service users and carers to be involved with the Trust

This will continue to be a focus for the way we work.

## **Finance**

41. Tees Esk & Wear Valleys NHS Foundation Trust became responsible for the provision of Mental Health and Learning Disability services for the population of the Vale of York CCG on the 1<sup>st</sup> October 2015 following a successful tender exercise. The contract stipulates a fixed price contract sum with additional investment associated with national priorities. The contract currently reflects a 5 year term with the opportunity to extend by a further 2 years if required.
42. The financial model is based on reinvestment of savings associated with transforming the current bed based service into a more community focused modern mental health service. The Trust is working with the CCG and partners, to ensure that additional financial investment is prioritised within services as part of national priorities as identified within the mental health taskforce report, in order to meet the needs of patients in the Vale of York. It is essential that this investment reaches frontline services to enhance our care and supports the work towards parity of esteem.
43. The changes to services outlined within this report, for example additional staff into liaison services and care home services has been a direct result of this shift in ways of working. It is clear that these are positive changes within a mental health system which may not have had this level of investment over recent years.

## **Reflections – One Year On**

44. In compiling this report it has been clear that a lot has been done in very difficult circumstances. The business continuity arrangements have been in place since October 2015 and have been sustained until the reopening of Peppermill Court. A number of staff have been affected by the changes across the services, however, they have been flexible to service requirements and have focused on patient needs as a priority. We have seen staff gain new skills and develop different understanding of services during this time, both within the locality and across other parts of TEWV. During this time there has also been strong support from partners in offering help and advice, for example offers of alternative accommodation from providers.

45. We are not where we would hope to be around the service transformation agenda. Our focus this year has been on buildings but we need to shift this to consider how we demonstrate changes to our pathways working with service users, carers as part of this process. This will be our future focus.
46. We know that we will have a re-inspection of our services by the CQC in the New Year. They will concentrate on services which were identified in need of improvement and we anticipate a focus on the locality as part of this process.

### **Strategic/Operational Plans**

47. The NHS Vale of York Clinical Commissioning Group (CCG) led the tender process in order to meet the key objectives as set out in its operational plans, informed by the “Discover!” work.

The CCG continue to review the contract in line with national plans such as Five Year Forward View for Mental Health and developments such as Sustainability and Transformation Plans.

### **Implications**

- **Financial** – No specific issues identified.
- **Human Resources (HR)** - No specific issues identified
- **Equalities**- No specific issues identified
- **Legal**- No specific issues identified
- **Crime and Disorder** - No specific issues identified
- **Information Technology (IT)** - No specific issues identified
- **Property** – No specific issues identified.

### **Recommendations**

48. The Committee are asked to consider:

The update on the work undertaken to address the transformation of mental health services following the contract change on the 1 October 2015.

Reason: To update Members on the work of Tees, Esk and Wear Valleys NHS Foundation Trust over the last twelve months.

## Contact Details

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**Report  
Approved**



**Date** 6 October  
2016

**Wards Affected:**

**All**

