

# **Annual Report to the City of York Health Overview and Scrutiny Committee from the Chief Executive of Leeds and York Partnership NHS Foundation Trust**

## **1. Summary**

Leeds and York Partnership NHS Foundation Trust (LYPFT) provides specialist mental health and learning disability services for children and adults who live within York, Selby, Tadcaster and Easingwold; as well as providing certain specialist services across the whole of North Yorkshire and beyond. This paper sets out key areas of service development in the last 12 months and areas for focus on further improvement over coming months.

## **2. Summary of improvements to services since September 2013**

### **2.1 Redesigned community and alternatives to hospital admission**

During 2013/14 we have transformed the way in which we currently provide community based services for adult and older people. We have delivered a new locality based service model for community services and a single point of access into our secondary mental health services. At a community level we have ensured that: all GP practices have access to primary care mental health workers; all complex case allocations and care planning involves a multidisciplinary forum; a single and coherent secondary care psychological therapies service embedded in community teams and accessed through a single community MH pathway.

The new service model is still embedding and has struggled to deliver fully integrated care in the absence of estates solutions enabling teams to be collocated. New leadership models are embedding but this is challenging when working with dispersed teams across multiple sites. We are working with NHS Property Services (NHSPS – who own the York estate) and the NHS Vale of York Clinical Commissioning Group (CCG) to identify estates solutions.

### **2.2 New health based Place of Safety (Section 136 suite)**

This service opened at Bootham Park Hospital in February 2014 and represents an important improvement to the experience of mental health service users in York.

It provides a health based place of safety where people who are experiencing a health crisis can be treated, rather than be taken into police custody.

Since the Place of Safety opened there has been a 77% reduction in custody attendance, and in the last six months there have been 15 fewer detentions. With the introduction of the Street Triage team the number of detentions is expected to fall even further (see next section).

### **2.3 New Care Homes Liaison Team**

The care homes team was established in April 2013. Its role is to provide timely and appropriate care to people in residential homes to prevent them becoming unwell and needing admission to hospital. In the first year of this service there is evidence there has been a reduction in admissions to community units for the elderly (CUEs) and reduced delayed discharges from CUEs back to care homes. Avoiding admission for people with dementia is particularly important for their health and wellbeing, as admission to a strange environment is disorienting and can lead to poorer outcomes.

### **2.4 New Personality Disorder Service**

The plan agreed last year for developing this service is being implemented through a partnership group as part of the Trust wide Personality Disorder Network. The service will include specialist care coordinators and dialectical behaviour therapy (DBT) skills groups as well as seeing the continuation of the therapeutic community (two days per week). Transition plans have been agreed for service users and staff so as to minimise disruption.

### **2.5 Safety and quality improvements at Bootham Park Hospital (BPH)**

In December 2013 an unannounced routine inspection was carried out at Bootham Park Hospital by the Care Quality Commission (CQC). The CQC were clear that the current premises were neither safe nor suitable for delivering modern mental health inpatient services.

Since January 2014 the Trust has undertaken systematic auditing and monitoring of risk which has been used to generate a full programme of work to address ligature anchor points and other environmental risks. Estate management of the hospital remains complicated by the need to coordinate the programme of work between provider estates services, NHSPS and York Hospitals Trust (who have the contract to carry out routine maintenance). Alongside the environmental work we have used clinical risk assessment and patient safety planning to manage risks individually where changes to the environment have not been possible.

A significant amount of work has been undertaken to improve quality of care. The named nurse system has been reintroduced so every patient has a nurse who oversees their care. There have been improvements to clinical supervision; and training needs analysis has been undertaken to identify a programme of continuous professional development for the clinical workforce. Inpatient service user groups are providing views on the care they receive and this information is used to inform developments.

## **2.6 Support workers to improve care**

A number of support workers across York and North Yorkshire have taken the next step by training to be associate practitioners. The new roles have been introduced to support staff to progress their careers by learning new skills, which will also ensure service users receive competent and compassionate care. Training has already taken place for those who have been appointed to the new associate practitioner posts and there will be more opportunities in our dementia units in the new year.

## **2.7 Access to dieticians on wards**

Our dietitians in York have been working on a project to support adults and older people accessing services on our wards. Prior to February of this year, there had been no dietetic input within these services. A scoping project was subsequently launched which was delivered by a dietitian for two days a week and a lead dietitian for one day a week. As part of the work a nutritional screening tool was introduced in York. Over the past eight months training has been provided to all staff on the wards, meaning that the same nutritional screening tool is now used across all services in the Leeds and York Partnership NHS Foundation Trust.

## **3. Planned service developments and improvements**

Our five-year Trust strategy and two-year Operational Plan sets out the Trust's commitment to improving our York and North Yorkshire services. The main areas of improvement are summarised below.

### **3.1 Ensuring our York estate is fit-for-purpose**

In March 2014, the LYPFT Board of Directors concluded that neither Lime Trees (inpatient services for children and young people) nor Bootham Park Hospital (inpatient services for adults) are suitable for modern day mental health care and that we need to find alternatives as soon as possible. We have been working with NHSPS and commissioners to find suitable interim solutions.

The Lime Trees inpatient child and adolescent mental health services (CAMHS) are commissioned by NHS England specialist commissioners; and the Bootham Park Hospital inpatient services are commissioned by NHS Vale of York Clinical Commissioning Group (CCG).

The CQC identified a number of issues that needed to be resolved to make the premises safe for inpatient care. In the case of Bootham Park Hospital the fact that it is a Grade 1 listed building meant there were restrictions to any improvements that can be made to the fabric of the building. English Heritage and York City Council planners have since agreed to more changes which will allow the Bootham Park Hospital to be refurbished to provide safer inpatient care.

Under an interim plan agreed at the CCG's Governing Body meeting on Thursday 7 August 2014 measures include refurbishing and changing wards at Bootham Park Hospital to make them more suitable for providing inpatient care; and moving Ward 6 (older people's ward) to Cherry Tree House in York. Further work has just been undertaken with staff on the Electro-Convulsive Therapy (ECT) suite to identify the most appropriate solution and the Trust has agreed that it should remain at Bootham Park Hospital. We are working with the Psychology Service which will be displaced by the extension of Ward 1 to identify suitable premises/space for them to deliver comprehensive psychological and therapy services. These plans will improve the environment for service users who access these services.

Specialist mental health services inpatient services (Tier 4) for children and young people, commissioned by NHS England, will move from Lime Trees to Mill Lodge in York. This will provide a better environment with more space, and will improve care for more children and young people in inpatient facilities close to their homes and families.

We are working with NHS Properties and the CQC to prioritise estates solutions requirements where these are directly impacting on quality of care and delivery of improved service models. Specifically we have raised concerns about the negative impact of our new integrated community mental health teams being dispersed across multiple sites including Bootham Park Hospital. Secondly we are concerned that our current acute inpatient service for people with dementia are delivered across three sites meaning service users and carers often have to travel a distance from where they live. Two of our wards are currently not dementia friendly environments and one is not fully compliant with single sex accommodation requirements. Staffing three separately sited wards is inefficient and increases risk. Consolidation of our wards would improve safety and deliver efficiencies which would enable us to make necessary service improvements.

### **3.2 Improving IAPT and primary care mental health services**

With investment from the CCG we are doubling the number of people who can access Improving Access to Psychological Therapy (IAPT) services by December this year; and plan to increase access further in 2015.

We have begun a project aimed at improving the way that primary care mental health services are organised and coordinated with the rest of our services so that people who require our support can access it quickly and easily. We want to make sure that there are clear care 'pathways' for our service users and that our newly-improved services operate together in an integrated and efficient way.

Currently primary care mental health services are provided by GP-based counseling, primary care mental health workers and a local IAPT service. The new pathway will be underpinned by the principles of recovery and choice and is guided by a flexible stepped-care approach. It will centre on three 'high-level' changes to the way people will access and use primary care mental health services in future: a single point of access; greater integration; and partnership working.

Having completed our review of current services and initial engagement we are developing more detailed proposals for discussion and engagement with key stakeholders starting in October. Project plans will be finalised in December 2014 once the tender specifications are known and Commissioners have given support for immediate improvements.

### **3.3 Redesigning cognitive impairment/dementia services**

The aim for this project is to develop a clear mental health pathway for people with cognitive impairment/dementia, providing a service which is 'better, simpler and more efficient' and reflects the Trust's goals and values. We will review the care we provide and, working with partners, will enhance our community level support to avoid unnecessary admissions and enable people to be cared for in their own homes or community residence.

The outcome of this review will be to deliver:

- A memory service that provides early diagnosis and comprehensive post diagnostic support for people with dementia, working with GPs and partner organisations to deliver this
- Care in environments that are dementia friendly, safe and meet the needs of service users for purposeful activity, privacy and dignity

- Multidisciplinary care by teams which include specialist staff who are appropriately trained, are knowledgeable about dementia and who have skills to work effectively with individuals
- Partnership working with adult social care, other health and the third sector.
- Enhanced community based services that are able to support people with dementia and their carers in their own homes and communities
- Improved crisis support – so that people are supported in their own community and homes, reducing the need for hospital admission and the time people need to stay in hospital
- An enhanced Care Homes Liaison Team which builds capacity in the existing team to manage challenging behaviours and complex needs
- Consolidation of our inpatient beds to deliver better care, in dementia friendly environments with access to therapeutic activities and psychological interventions
- A single integrated and evidence based care pathway that ensures people access the right care at the right time
- Improving access to information and support for people with dementia and their carers

We have already improved staff resources and skill mix on the wards including access to occupational therapy. Having completed our review of current services and initial engagement we are developing more detailed proposals for discussion and engagement with key stakeholders starting in October. Project plans will be finalised in December 2014 once the tender specifications are known and commissioners have given support for proposed improvements

### **3.4 Street Triage**

The Street Triage service is due to launch on 10 October 2014. LYPFT and North Yorkshire Police have jointly developed the Street Triage team, which will see mental health liaison staff work closely with North Yorkshire Police to identify individuals in mental health crisis. The team will be “on duty” with police officers during busy periods of the day, seven days a week in York and Selby. The two mental health professionals on duty will be able to provide telephone advice to North Yorkshire Police or be dispatched to any incident where someone is experiencing a mental health crisis.

The aims of the initiative are to improve people’s experiences and help them get the right care, as well as reduce the numbers of people who are detained under Section 136 of the Mental Health Act.

This is principally a matter of safeguarding vulnerable people with mental health issues and providing the most appropriate levels of service and response to fit their needs.

### **3.5 Emergency Department Liaison Service**

This a joint initiative between our Trust and York Teaching Hospital NHS Foundation Trust, with some funding during 2014 coming from the York Better Care Fund. The new service will deliver 24/7 access to mental health nurses in the York Hospital Emergency Department. It is due to launch on 20 October, initially running from 8am to midnight and moving to a full 24 hour service once recruitment is complete. The full cost of the service will be funded by the CCG from 2015/16.

### **3.6 Clifton House**

We have recently opened a new forensic low secure unit providing modern facilities specifically catering for women's needs. The purpose built mental health and personality disorder unit is designed to meet a full range of needs, including treatment choices, and creative therapies, and will focus on much better community engagement and integration.

### **3.7 Working with Adult Social Care (Section 75 agreements)**

York's community services have health and social care staff working in integrated teams. We have been working positively and constructively with City of York Council to put in place a Section 75 agreement, establishing a Partnership Board to progress this work. This is being through our contracting and legal departments and is due for sign off in October 2014. We will be delivering joint engagement events with staff from both organisations to introduce agreements that are being put into place.

Informal work with North Yorkshire City Council (NYCC) has begun. They are positive about the work we have done with City of York Council and are committed to putting a Section 75 agreement in place. A Partnership Board with NYCC will be established and we expect a Section 75 agreement to be finalised in the next few months.

### **3.8 Recovery, Person Centred Care and Partnerships**

As part of our Recovery, Person Centred Care and Partnerships Programme, we have established a Collaborative working group bringing together third sector and service user representatives.

The group is working to consider and analyse what service users, carers and professionals are saying about service provision, gaps, and issues, and to constructively translate those points into plans and service models. This positive approach to change will propose a collaborative service model that identifies alternative and supportive third sector provision that works in partnership with statutory services.

### **3.9 Community Hub partnership working**

We are involved in the piloting of a Community Hub in Selby. Initial work is funded by the Better Care Fund and supported by the CCGs, with York Hospitals leading the work. This work will deliver integrated community support for people with complex needs including cognitive impairment and dementia. The project initial phase will put into place a health staffed intermediate care team whose aim is to avoid admissions to hospital and facilitate early discharge. The services will work as part of a virtual hub bringing together health, social care, third sector and mental health services. Opportunities for collaborative and integrated working of the Intermediate Care Hub team (due to be in place by October 2014) with our services have been prioritised and will be progressed through our continued engagement with the service development and a mental health focused workstream which will ensure joined up working and integrated pathways

### **3.10 Improving services for people with learning disabilities**

In partnership with the Vale of York CCG we are working to reduce the number of learning disability service users placed out of area and to enable our inpatient services to accept people with a learning disability and complex needs, including autism, dementia and challenging behaviour.

### **3.11 Service user network and involvement**

We will be learning from the successful establishment of an active service user network (SUN) in Leeds to develop a YNY Network with dedicated support from a social inclusion and recovery worker. In October 2014 we will be setting up an information booth at Bootham Park Hospital (staff by volunteers) which will improve access to resources and information for service users.

### **3.12 Child and Adolescent Services (CAMHs)**

The Tier 4 inpatient CAMHs service will be relocating from an 11 bedded unit to a 16 bedded unit. The new unit has been specifically refurbished to meet the needs of children and adolescents who require hospital care.



The changes have involved and been led by service users to create a modern environment much more suitable to a 21<sup>st</sup> century CAMHs service. We have also seen a significant increase in activity in our community CAMHs service and we have moved to a sector model to better meet the needs of this increasing group of young people

### **3.13 Improving carers support in our community teams**

We will be improving our support for carers in line with delivering our model of enhanced community support which aims to avoid unnecessary hospital admissions and support service users and their carers in their own home or place of residence. This will be achieved through increasing the number of carers support workers in our community hub teams, building their skills and knowledge (especially around dementia) and improving access to information and other support services.

### **3.14 Rolling out our clinical information system, Paris**

As part of the Paris Development Programme, Paris will be rolled out across all York and North Yorkshire services by the end of the 2014. This will enable all Trust services to use the core clinical information system and will enable York staff to benefit from the additional services Paris provides users to benefit from the products developed as part of the Better Paris Project.

## **4. Tender for mental health and learning disability services**

NHS Vale of York Clinical Commissioning Group has been working with the Partnership Commissioning Unit to scope an approach to retendering mental health and learning disability services to be completed by September 2015. The final service specifications are due out in the next few weeks and will form the backbone of the tender in which providers will have to set out how they are going to deliver these. Initial feedback from our recent CQC visit has praised the quality of care across a number of services we provide, such as the quality and speed of response of our Crisis Assessment Service, the service user involvement processes we have initiated and our Deaf CAMHs provision. We are concerned, and have highlighted as an extreme organisational risk, the risk to the sustainability and continued improvements we have made that the tender process will pose for services in York.

**Chris Butler**  
**Chief Executive**