Adult Social Care and Health Scrutiny Panel

Review of the New Model of Care (Adult Acute Care Pathway) 5 Boroughs Partnership NHS Foundation Trust

October 2012

Councillors:

Anthony Burns (Chairman)
Jeff Fletcher
Lynn Glover
Stephanie Topping
1.0 Introduction and Terms of Reference

1.1 Late last summer, the 5 Borough’s Trust announced 2 major reviews, One of Later Life and Memory Services (referred to as LLAMS) and the other of the Adult Care Pathway (referred to as ACP).

1.2 The LLAMS exercise was completed relatively positively. In December 2011 the Council received details of the approach the Trust was taking to review the Adult Care Pathway. There was an ongoing delay with responses and identifying a suitable date for Scrutiny. A date was offered to Scrutiny just before the elections however this was unacceptable and the process was put on hold. Subsequently, the Council discovered that elements of the proposals were due to be implemented on 1st June with other key elements in December 2012. The council has expressed concern about the timescales. A small Task Group made up of Scrutiny members was established to consider these issues in detail and report back to both the Scrutiny Panel and Cabinet.

1.3 On examining the proposals in detail it was agreed that the approach of the Task Group would include:

- Treating the implementation as a Pilot
- Receiving a commitment from the 5 Boroughs Trust to provide information promptly and as requested
- Updating the Panel on the implementation of the previous scrutiny action plan.
- Addressing the key issues identified in previous correspondence
- Ensuring no adverse impact or reduction in other services not affected by the change and responding positively to any recommendations by the Council and the Scrutiny Panel.

2.0 Method of Investigation

2.1 We enlisted the help of Mike Wyatt St Helens Council’s Director of Adult Social Care and Health and Barry Fitzgerald, Assistant Director, Care Management, to provide us with the information and expertise that we needed.

2.2 The Task Group invited a selection of stakeholders and service users to attend a series of meetings. A number of documents/reports prepared by 5 Boroughs Trust were also submitted to the Task Group for their consideration

2.4 Task Group Meetings were held on the following dates:

- **Wednesday 13th June 2012**

  **Witnesses**
  Therese Patten – Chief Operating Officer 5 BT
Sam Oliver – Assistant Director, Change Programmes
Elaine Clarke – Assessment Team Manager
Julie Whitaker – GP

- Monday 2\textsuperscript{nd} July 2012

Witnesses
Jean Garlick – Manager, St Helens MIND
Sarah Johnson Head of Clinical Commissioning and Gary Joyce - Halton and St Helens PCT
Karen Machin – St Helens Carers

- Tuesday 3\textsuperscript{rd} July 2012

Witnesses
Liz Cave and Fiona Bremner – Bridgewater Community Healthcare
Lyn Hughes – Out of Hours Emergency DutyTeam Manager

- Friday 6\textsuperscript{th} July 2012

Witnesses
Emma Rodriguez Dos Santos, Roman Babij and Brian Burrows - St Helens LINk
Gordon Jones – Commissioning Manager NHS Merseyside

- Monday 9\textsuperscript{th} July 2012

Witnesses
Councillor Joe Pearson – Portfolio Holder, Adult Social Care and Health
John Edwards – Service Manager, Older People/Mental Health

- Friday 28\textsuperscript{th} September 2012

Witnesses
Therese Patten – Chief Operating Officer 5 BT
Sam Oliver – Assistant Director, Change Programmes
John Heritage –Assistant Director of Adult Services
Elaine Mitchell –Operational Business Manager, Adult Services

3.0 Background

3.1 5 Boroughs Partnership NHS Foundation Trust is in the process of reviewing Adult Community Services and part of this includes the redesign of the acute care pathway.

3.2 A new and robust model of care is proposed that is intended to enable the modernisation of services, focussing upon improving access to assessment, diagnosis and evidence based treatment whilst aiming to streamline the patient journey through services, offering more effective early intervention and home/community based support and treatment. The model aims to
concentrate on improving productivity and eliminating duplication whilst focusing on clinical quality.

3.3 The suggested model contains four main components. These are as follows:

- **An Assessment Service** shared between St Helens and Knowsley dealing with secondary care referrals as opposed to the current Primary Care Trust led Open Mind Access Service which sits across the St. Helens and Halton PCT footprint. The team will be available 7 days a week with core hours between 8am-8pm and will be based in Knowsley. They will advise and screen referrals onto the appropriate care pathway. The 5 Boroughs element of the service will include Psychiatric, Psychological, Occupational Therapy, and Community Psychiatric Nurse practitioners; these practitioners will not act as care co-ordinators. The timescale for this team to be in place was June 2012;

- **Home Treatment Team** to support Service Users to prevent admission to hospital where home treatment is a viable alternative and to facilitate safe discharge from hospital, thus preventing delays. The team will only intervene with those who are acutely unwell and on the Care Programme Approach (CPA) and will have an average length of home treatment of 6 weeks. The Home Treatment team will be available 7 days a week between 8am - 8pm and will be based at Knowsley House following a refurbishment. There will also be an out of hours on-call service. The 5 Boroughs element of the service will include Psychiatric, Psychological, and Community Psychiatric Nurse practitioners; these practitioners will not act as care co-ordinators. The timescale for this team to be in place was June 2012;

- **A single Recovery Team** which incorporates all the current functions of Community Mental Health Teams and Enhanced Day Therapy. The team will only work with those who on the Care Programme Approach (CPA) and will have an average length of intervention of 12 months. The Recovery team will be available 5 days a week between 9am - 5pm and be based at a refurbished Stewart Assessment Unit on the Peasley Cross site. The 5 Boroughs element of the service will include Psychiatric, Psychological, and Community Psychiatric Nurse practitioners and will care co-ordinate. The timescale for this team to be in place is December 2012;

- **In-Patient Services** to remain on the Peasley Cross site. The current unit will be expanded to accommodate 20 beds on both the male and female wards and this in patient unit will primarily be for St. Helens and Knowsley service users (as the current Knowsley facility at Whiston is being reduced/closed).

3.4 The model states it has an emphasis on a single, accurate assessment that will prevent people from having multiple assessments and being caught between, or passed around, services. The new service aims to prevent people coming into hospital if possible, and promote early discharge. There will be a focus on recovery (not just getting better, but recovery of quality of life and role) and reducing people’s dependence on services.

3.5 **Challenges: The need for change**

The drivers for change are summarised by the 5 Boroughs as:
1. Service User concerns and complaints regarding their transfer between the often-confusing range of existing community services.

2. Service User concerns regarding the timeliness, capacity, location and diagnostic accuracy of the current assessment functions of the Trust. This is said to be particularly relevant in the existing Access and Advice Service and can lead to pathway distortions and increased referral for unscheduled assessments by the existing Crisis Resolution and Home Treatment Teams.

3. Concerns regarding consistency and effectiveness of carer support. Themes have been presented via the Trust's complaints processes around how the Trust shares information to enable carers to support and inform care planning.

4. General Practitioner concerns regarding the Trust’s effective management of GP referrals to its secondary / complex care services.

5. GP concerns regarding the Trust’s capacity to deliver collaborative working practices to fully support all GP Practice patients registered on practice Severe Mental Illness (SMI) registers.

6. Differing configuration and scale of Local Authority and Primary Care Services: This can create demand issues from differing referral locations and impacts upon signposting opportunities to support people closer to their communities.

7. Concerns from front line clinicians who have expressed that the effect of multiple teams, assessment, and governance processes negatively impacted upon available clinical time with patients.

8. The current absence of a “Clozapine at Home” service requires inpatient admission solely for Clozapine initiation.

9. The quality, innovation, productivity and prevention (QIPP) challenge is described as an opportunity to prepare the NHS to defend and promote high quality care in a tighter economic climate. The NHS needs to be making efficiency savings of £15-£20 billion per year by 2013/14. Frontline NHS staff will play a crucial role in this work because they have first-hand experience and knowledge of the areas where QIPP will start to make a difference.

10. Opportunities created by the 2007 amendment of the Mental Health Act 1983 which abolished the professional role of the approved social worker and created that of the Approved Mental Health Professional. This role is broadly similar to the role of the Approved Social Worker but is distinguished in no longer being the exclusive preserve of Social Workers. It can be undertaken by other professionals including Community Psychiatric Nurses, Occupational Therapists and Psychologists. In addition the Trust would like to fully explore the role of other lead professionals undertaking the role of Responsible Clinician.
11. The development of Payment by Results for mental health. The ultimate goal is the creation of a national tariff for these currencies. Any new care pathway will need to clearly articulate the interventions that are required to solicit a cluster payment.

4.0 Findings/Conclusions

4.1 Consultation

4.2 Witnesses to the Scrutiny Panel exercise consistently raised a number of concerns about the nature of the consultation relating to the ACP Model. Key concerns can be summarised as follows as:

- **Doubts about the openness and genuineness of the consultation engagement** - many participants felt that the opportunity to consult had been limited and that when concerns had been raised the views had not been taken into account.

- **Timescales for the consultation process** – a number partners felt that timescales in relation to the consultation process did not allow for proper reflection and for the 5 Boroughs Trust to amend the model.

- **Lack of engagement in the development of the model** – again many partners felt that the model was a fait accompli and that in effect a more meaningful consultative process would have engaged service users, carers and partners in the stage of developing the model.

- **Inclusivity of the consultation** – some witnesses felt that they had not been appropriately included in the consultation process and the Panel were concerned that some key staff, with what appeared to the Panel to be relevant expertise, including a Suicide Prevention Officer employed by Bridgewater Community NHS Trust, had not been properly engaged in the process.

4.3 These findings are consistent with the findings highlighted in the Panel’s previous review of the 5 Boroughs Partnership Trust’s proposals for Later Life and Memory Services where similar questions and concerns were raised about consultation and engagement. The Panel is sensitive to the difficulties that the 5 Boroughs experienced in consulting on a wide geographical footprint with a number of distinct and different communities. However, in the light of the consistency of the findings, the Panel makes the following recommendation:

**The 5 Boroughs Partnership NHS Trust should review its consultation and engagement processes with a view to ensuring that, in the light of the findings of this review and the review of the Later Life and Memory Services, there are more effective ways of linking in with existing consultative mechanisms and forums operating in the Borough of St. Helens to ensure a more comprehensive process.**
4.4 Overly Clinical Focus of the Model

4.5 A number of witnesses to the Panel felt that the model had a very clinical focus and it had therefore missed an opportunity to consider the role that non-clinical issues and services can play in promoting positive mental health. Witnesses reported that opportunities to involve a number of key sectors, including:

- The voluntary sector/community in the Borough
- Primary Care Health Providers
- Secondary Care Health Providers
- A range of Council services and departments (including Adult Social Care, Housing, Leisure, etc.)
- A range of other relevant providers including the Chamber of Commerce and the private sector

In the light of this the Panel makes the following recommendation:

- As part of the regular review of the implementation process for the Acute Care Pathway the 5 Boroughs Trust should review its approach to the contribution that the partners referred to above can make to effective mental health services in the Borough.

4.6 Referral Routes

4.7 A number of witnesses to the Panel were concerned about the potential for confusion and potential dual pathways that exist from primary care. This seems to be compounded by some confusion in relation to referrals through the Open Mind Service and the 5 Boroughs Trust Assessment Services. The Panel were pleased to receive reassurance from the Trust that this had already been identified as an issue and the Trust was in active negotiations with Bridgewater Community NHS Trust to address this issue and ensure clear and appropriate referral routes for all service users.

4.8 The Panel is anxious to ensure that the referral routes and processes are clear and transparent and presented in a way which is understandable for service users, carers and other professionals.

Recommendation:

The 5 Boroughs Trust should complete its review of referral routes and provide appropriate information in an accessible form for all service users, carers and relevant partners about the referral process.

4.9 Concerns about Elements of the Model

4.10 The Panel appreciates that the model will offer a change in the shape and nature of mental health services in the Borough and that this may have a number of advantages for service users and carers if the model is implemented effectively. A number of witnesses to the Panel, however, raised concerns in relation to the different elements of the model. These can be summarised as follows:
- **Crisis Services**

A number of witnesses felt that although the use of the term Crisis Team / Service has been removed from the model, that service users and carers were still likely to experience crisis and there is anxiety is about whether the proposed redesigned services would effectively meet this need. The Panel understood the Trust’s rationale for withdrawing the term ‘crisis’ and would wish to see that crisis was avoided wherever possible, however, all involved with the review felt that for some service users crisis interventions will be required.

In the light of this the Panel believes that the Trust should carefully monitor its approach to the management of crisis or emergency situations with the active engagement and involvement of service users carers and their representative groups.

**Recommendation:**

The Trust should carefully monitor the crisis / emergency services for service users in consultation with service users, carers and their representative groups.

- **Home Treatment**

The Panel heard a number of contrasting views about the adequacy of the Home Treatment Service and was reassured by the 5 Boroughs Trust that they would carefully monitor this. A key issue referred to the adequacy of the support to carers and also children in families provided by this service.

**Recommendation:**

The 5 Boroughs Trust should carefully review the implementation of the Home Treatment Service and ensure that, as well as focussing on the needs of service users and carers, take account of the needs of carers and in particular children in families / households.

- **Recovery**

There was significant concern expressed by witnesses in relation to the development of the Recovery element of the model. The Panel acknowledged this and was reviewing its approach with a range of local partners prior to the implementation of this element of the model in December 2012. Concerns related to doubt about whether the Trust fully understood the concept of Recovery and whether the Trust understood the potential change in the relationship between service users and staff that may ensue from the implementation of the proposed models. There were also concerns as outlined earlier in Section 4.5 in relation to whether the Recovery element of the model allowed a rounded outcome for service users and whether it fully encompassed all the elements that contribute to Recovery.

The Panel were pleased to hear that the Trust were reviewing their model and would like the Trust to report back prior to implementation of the
Recovery element in St. Helens with clear proposals that:

- Clearly outlines the principles and definition of the Recovery model.
- Takes account of relevant engagement events in St. Helens.
- Takes account of feedback from the full range of partners and the Scrutiny Panel.
- Outlines a model which includes a range of non-clinical services and ensures the effective co-ordination of all relevant services

### Impact on Carers

Some concern was expressed about the potential impact on carers of the service redesign. This has been referred to in other areas of the report. The Trust presented evidence of its engagement with carers and gave a commitment that it would have ongoing dialogue with carers and their representative group to ensure that the model effectively met their needs.

### Personality Disorder

At this stage the model and documentation does not fully describe the positioning of services for people with personality disorders within the new model. The Panel are concerned that it might be possible for people who have a personality disorder, but who did not have a clear diagnosis of any other mental health condition, to receive a less effective service than at the present time.

The Panel were pleased to receive reassurances from the 5 Boroughs Trust in relation to some significant work which has been developed to ensure an appropriate approach to people with personality disorder and the Trust are attempting to develop a best practice pathway which avoids admissions. The Panel would welcome further presentation on this work when it is developed and will also seek the views of relevant commissioners and partners in relation to the work.

**Recommendation**

*5 Boroughs Trust present a further report on its work and develop proposed developments relating to services for people with a personality disorder in the Borough.*

### Emergency Duty Team and CAMHS Urgent Response Team

The Panel heard some concerns in relation to difficulties with the implementation of the model and the whether the new elements of the model were sufficiently well integrated with the Emergency Duty Team and the CAMHS Urgent Response Team. Again the Panel were pleased to receive a reassurance that the 5 Boroughs Trust would proactively address this issue. There are also some early indications that the model might actually be posing more pressure on the Emergency Duty Team service, particularly in relation to Mental Health Act Assessments. Again
the Panel was pleased that the Trust are willing to carefully monitor this and will address any issues that may be identified.

**Recommendation:**

The Trust should ensure effective liaison between the Emergency Duty Team and the CAMHS Urgent Care Team and carefully monitor any inappropriate pressures or difficulties in these services which arise from the implementation of the new model.

### Cases

The Panel heard some anecdotal and anonymised evidence of some service users feeling disadvantaged by the implementation of the new model and feeling that they were potentially receiving a reduction in service. Again the Panel received reassurance from the Trust that they would carefully monitor this as part of their ongoing review of the model. The Panel agreed that where it becomes aware of individuals or difficulties, that the Trust will be made aware of these in order that they can take any appropriate action promptly.

### Payment by Results

The Panel heard from some witnesses concerns that the model may have been developed to fit with Government funding proposals in relation to mental health through the implementation of a payment by results model. The Trust explained to the Panel that this was not the case and that the model had a clear focus on outcomes and had been developed with service users at the forefront of the Trust’s thinking. The Panel welcomed this focus on outcomes and would be grateful if the Trust could keep the service users carers and relevant partners informed as the payment by results model is developed, with a particular focus on any implications for services.

### Documentation

The Trust felt that some of this was as a result of a misunderstanding in relation to the purpose of some of the key documents, however, the Panel would welcome a more comprehensive and appropriate approach to the provision of documentation for future reviews. The model utilised in the previous review of the Later Life and Memory Services, referred to elsewhere in this report, had been more successful and the Council had felt more reassured by the comprehensiveness and accuracy of the information submitted and the prompt responses to requests from the Panel.

**Recommendation:**

The 5 Boroughs Trust should work with Council officers to review its approach to the provision of documentation to future scrutiny reviews.
5.0 Recommendations

1. The 5 Boroughs Partnership NHS Trust should review its consultation and engagement processes with a view to ensuring that, in the light of the findings of this review and the review of the Later Life and Memory Services, there are more effective ways of linking in with existing consultative mechanisms and forums operating in the Borough of St. Helens to ensure a more comprehensive process.

2. As part of the regular review of the implementation process for the Acute Care Pathway the 5 Boroughs Trust should review its approach to the contribution that the partners referred to above can make to effective mental health services in the Borough.

3. The 5 Boroughs Trust should complete its review of referral routes and provide appropriate information in an accessible form for all service users, carers and relevant partners about the referral process.

4. The Trust should carefully monitor the crisis / emergency services for service users in consultation with service users, carers and their representative groups.

5. The 5 Boroughs Trust should carefully review the implementation of the Home Treatment Service and ensure that, as well as focussing on the needs of service users and carers take account of the needs of carers and in particular children in families / households.

6. 5 Boroughs Trust present a further report on its work and develop proposed developments relating to services for people with a personality disorder in the Borough.

7. The Trust should ensure effective liaison between the Emergency Duty Team and the CAMHS Urgent Care Team and carefully monitor any inappropriate pressures or difficulties in these services which arise from the implementation of the new model.

8. The 5 Boroughs Trust should work with Council officers to review its approach to the provision of documentation to future scrutiny reviews.