

**Response to the Suffolk Health Overview and Scrutiny Committee by
Norfolk and Suffolk Foundation Trust on the Radical Redesign of Mental
Health Services – 22nd January 2014**

What progress has been made on the radical redesign in Suffolk?

The Access & Assessment Service, Home Treatment Teams and Integrated Delivery Teams (IDTs) all came into effect on 1st July 2013 in the East & West Localities of Suffolk (excluding Waveney).

These services replaced existing community services and provide a single route of referral into all NSFT services in Suffolk. Careful planning for care at both a system and individual level has taken place to support the transitioning of existing service users into the new service structures. This was completed in a graduated way to ensure that disruption to the care and treatment of those concerned was kept to a minimum.

The formation of the 5 IDTs – 3 in East Suffolk and 2 in West Suffolk - has resulted in the co-location of community mental health professionals working across different clinical pathways in each of the IDTs. This has provided greater opportunities for joint working and the sharing of skills and knowledge to improve the quality of intervention to service users and their families. We anticipate that, with the passage of time, as the new services settle and take shape, there will be opportunities to continually improve the IDT's to support further cross pathway working, early intervention, the prevention agenda and increased integration with other health and social care providers in Suffolk.

A newly commissioned adult autism diagnostic service also commenced on 1st July 2013 and a children and young person's autism service is due to start early in 2014.

A review of the quality and effectiveness of all of the new service models is being undertaken led by a senior clinician.

We have worked closely with the Clinical Commissioning Groups to develop mutually agreed service specifications that reflect the operational basis and requirements of these new services. A number of workshops were held to agree the new models and service specifications which included service user representation.

We have had a significant amount of engagement throughout this period of change with our partners such as Suffolk Healthwatch and Suffolk User Forum and have openly encouraged feedback on the way these changes have been experienced. There have been weekly teleconferences between senior managers and the contracting team within the CCGs in order to quickly identify

any areas of concern. Where necessary, we have acted promptly to address any gaps in provision and to offer clarification on areas of procedural ambiguity.

We are planning a joint piece of work with Suffolk Healthwatch to gain feedback from service users on their experience of the new Access and Assessment service.

Which elements of the strategy have now been implemented?

All elements of the strategy relating to community services and access to services have now been implemented. There have been no changes to inpatient services, alcohol services or Suffolk Wellbeing services.

What has been the impact on staffing?

The staffing figures were reviewed as a result of feedback from the 45 day consultation carried out prior to implementation; and as a result the medical staffing figures were increased, resulting in an overall decrease of 12% of the medical workforce. These changes have been managed via the disestablishment of vacant posts.

As a result of vacancy management prior to implementation there were only a small number of redundancies to the clinical workforce – less than 10 whole time equivalent posts.

The remaining vacancies are actively being recruited to.

As with any major restructuring there has been an impact on staff morale in some areas which is being addressed via the implementation of the Trust employee health and wellbeing strategy; with associated steering groups and action plans in each locality. A job planning process is underway to ensure that all staff has an agreed job plan with ring fenced time for professional development.

Executive Director listening events have been arranged in a number of locations during January and February 2014 and Non Executive Directors have visited all of the new teams and have reported any findings to the Board of Directors.

Staff are actively encouraged to feedback on their experiences and there is a dedicated “Ask Andrew” email address so staff can raise any issues directly with the CEO.

What is the timetable for decision-making on further final, permanent changes to services and the associated timescales for consultation?

A meeting has been arranged for January 2014 with Commissioners to start to discuss potential changes to inpatient services.

Clinical teams have visited other Trusts cited as areas of good practice to look at their inpatient services however no changes will happen without the full support of the CCGs and no bed closures will take place without a full public consultation.

How is the performance of the Trust being monitored?

The Trust has monthly Quality and Performance meetings and monthly contracting meeting with Commissioners where key performance indicators are discussed in detail.

The s75 partnership agreement with Suffolk County Council is monitored via regular Partnership Review Group meetings.

Regular performance data is submitted to Monitor and the Trust has maintained a green rating for both governance and finance throughout 2013.

The annual quality account is being prepared as part of the annual plan submission to Monitor.

A patient safety dashboard is in development which brings together a range of information such as numbers of complaints, serious incidents, bed occupancy rates, staff sickness levels and vacancy rates.

What data is available to demonstrate performance (quality and safety) since April 2013?

A monthly service performance and quality report is submitted to Commissioners.

As stated above a draft patient safety dashboard is being produced on a monthly basis though this is being shared with commissioners in the knowledge that this is in development as it relies on new systems. Manual checks are providing assurance to support this in the interim.

An integrated business performance report is produced on a monthly basis and reviewed at the Trusts's Finance and Performance Committee and Board of Directors.

Regular clinical audits are undertaken by Modern Matrons and the governance team and reported to the Trust service governance committee which a sub-committee of the Board of Directors.

A review of community serious incidents resulting in death was undertaken by a team led by Dr Peter Jefferys, Non Executive Director, and presented to the Trust's Public Board of Directors in December. This review demonstrates that there was a slight reduction in serious incidents in Suffolk from April to October 2013 compared to the same period in 2012 and that the levels of serious incidents in Suffolk are low compared with other mental health Trusts nationally.

We are in the process of reviewing our complaints process and a new system will be introduced from April 2014 to ensure an open and transparent response to any concerns raised. All complaints will be signed off at Executive Director level and enhanced reporting of trends to the Trust Board.

There have been 3 CQC inspections in Suffolk to inpatient areas at Lothingland, Woodlands in Ipswich and Wedgwood in Bury St Edmunds. Feedback was

generally very positive although a couple of minor concerns were raised which are being addressed.

We are implementing the QuESTT tool (Quality, Effectiveness, Safety trigger tool adopted from NHS South West) across all inpatient and community services which looks at a range of quality and safety measures.

How are psychiatric assessments being delivered to patients presenting to A&E in crisis in the West of the County?

A psychiatric liaison service is in place at West Suffolk Hospital as part of the 2013/14 CQUIN arrangements which currently operates Monday to Friday from 09.00 to 17.00. Psychiatric assessments in A&E are carried out by this team during the above hours and plans are in place to extend the hours to Monday to Friday 09.00 to 19.00 and 09.00 to 17.00 at weekends from February 2014.

Outside of these hours emergency assessments are provided by the emergency assessment team which is managed by the Access and Assessment service.

What are the arrangements for ongoing engagement with patients and their families?

A series of consultation events have been held relating to each of the clinical pathways to review the new structure and seek the views of service users, carers and stakeholders. More of these events are being planned for 2014 taking into account feedback on the format from participants during 2013.

A Youth Council has been established in order to specifically capture the views of young people in determining their care and treatment.

There are monthly service user and carer scrutiny groups in the East and West of the county and these are in the process of being re-launched in order to review the Terms of Reference and broaden attendance.

The Implementing Recovery through Organisational Change (ImROC) project is up and running with steering groups in place in both the East and West of the county which include representation from service users, carers, governors, staff and partner organisations. As part of this project recovery colleges have commenced with a range of courses being developed and delivered jointly by staff members and service users.

A training course is being jointly designed by service users and staff specifically relating to crisis response and arrangements are in place for all telephone calls to be recorded in order to monitor engagement between staff and service users.

A service user and carer involvement co-ordinator for Suffolk has recently been appointed and is now in post. It will be the role of this person to actively seek out the views of service users and carers in order to improve engagement.

In Conclusion

The changes being undertaken by NSFT are crucial to the future effectiveness of mental health services in Suffolk, and NSFT, working with commissioners and local health partners remains committed to seeing their effective implementation.

Though much progress has been made and many positive improvements achieved there remains much to be done to fully embed the services in a way which will deliver their full benefits.

Therefore NSFT will continue to collect feedback from service users on their experience of using the new service and work to ensure that performance and quality standards are consistently met.