Transformation of community mental health services: Governor query

This information has been developed with reference to concerns regarding the transformation of Community Services last year and in particular to the following request:

"I would therefore be very grateful if you would ask your colleagues on the Board what patient –specific performance/quality/risk and complaint data they are relying on to assure themselves that all these patients, who have suffered in any manner during the reorganization process, are now entirely settled and content with their treatment and support regimes."

Background

Health Services in Northamptonshire have been striving to bring primary and secondary care for mental health much more closely aligned, recognising that over the last decade most service users are treated predominantly at home, in their local community and accessing services through Primary care whilst also being treated under secondary care community services. Different models of community working have been discussed, some trailed in small areas within the County. Whilst developing local initiatives a keen eye has been kept on how other Trusts have managed this fine balance of Primary Secondary Care working.

With our past experiences, and knowledge from a national evidence base, a more strategic approach was taken to an overall county pathway for community services. This took time to formulate, plan and implement as all parties from Primary care, Secondary care, service user and carer groups were aware this was potentially challenging for service users, carers and staff who had worked with each other for many years.

Pathway development.

The transition of pathways has meant that we now have a more enhanced primary care mental health service that enables quick access, timely assessment and intervention and navigation to the most appropriate service either within Primary or Secondary Care dependant on needs.

The CMHT have transformed to work within a team approach, sharing the response to the most unwell service users, developing and providing intensive targeted interventions for those with more severe illness but within the overall aim of recovery back to the care of Primary Care. This fluidity of pathway means that service users can access the CMHT at the times when they are most unwell and require specialist intervention and then be discharged after completing a clinical treatment.

Evaluation

From the early planning stages of these developments, evaluation was on the agenda, to ensure the continued development of services reflected the service user, carer and staff experience. The evaluation has been managed in two fold, CMHT and Primary Care evaluation. The Primary Care evaluation is currently in process but the CMHT evaluation is further underway.

Dr Anabel Ivins (Clinical Psychologist) was appointed to conduct the evaluation and provide reports at 6 months reflecting data from pre, during and post change. The interim report for pre change and during change has been provided and the following areas have been noted:

1. **Clinical Outcome and Effectiveness**

Frequency and Content of Serious Incident Investigation

There was a slight increase in serious incidents during the change period from 7 to 12, the range of incidents range from medication error to death but the report reflects that this is not a statically significant number although distressing for those involved. The early data for the post change period is showing a reduction in incidents

Average change in HoNOS scores

The HonOS score reflects the difference score per service user between entry and exit of CMHT. This had reduced from 0.72 pre change to 0.43 pre change. It is anticipated that this reflects the discharge process during this time meaning that there was higher volume of movement. This will be re - evaluated at the post change period.

iWantGreatCare Results

I want Great Care was not routinely used pre change but the scoring during change showed that 86% of respondents would recommend their CMHT.

Frequency of Complaints

During the change period there was an increase of 6 complaints, this is analysed as not statistically significant and again the early data is showing that this number has reduced post change.

Discharge from a CMHT: The Service User experience (taken directly from evaluation report)

Andrew Stranaghan (Trainee Clinical Psychologist) completed interviews with eight Service Users who were discharged from their CMHT during June or July 2014 (the end of our 'pre-change' period and beginning of our 'during change' period). These interviews revealed that a positive experience of discharge was related to being given sufficient notice about the discharge, talking it through with the Psychiatrist

and identifying appropriate support post discharge. A negative view of discharge was related to feeling unsupported, alone and surprised by discharge from the team. These results support the introduction of recent CMHT initiatives including the 'Plan on a Page' and 'Moving On' groups.

Conclusions

As anticipated the change period was challenging for all involved but the evaluation shows that although there is a clear effect there was not great statistical evidence that service user and carer experience as an overall in the County were negatively impacted although on a personal level the change would have brought some concerns and different issues than individuals may have experienced if services remained the same. What has been noted is that there is now a reduction of SI's and complaints that are related to CMHT and the change process in the post change period. This will be fully reported on when completed.

Moving forward some crucial steps have been made to ensure service user and carer experience is clearly heard in the Community Services. A focus group of Service Users and Carers have already formed with the Head of Service to start formulating what good involvement will look like, how we can work on recovery in a meaningful way, how coproduction can be firmly implemented in the Community and ensure the voice of service users and carers is heard. The focus group have defined the following target areas:

- Team development- meaningful recruitment and training by service users and carer
- Engaging with the local community
- Coproduction for service user and carer clinics / forums and literature
- Creative ideas forum where I want Great care results can be reviewed, new ideas and developments can be discussed and new ideas can be generated.

This work will be fed into the Patient Experience Group and the new ImRoC project groups for community and inpatient services.

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