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Community Mental Health Redesign T & F sub-group
Progress Report to Full Governor Council meet 11 March 2015

Summary:

At the request of the Full Council of Governors in May 2014 a Task & Finish sub-group was set up to review the implementation of various changes to services in the community that support those with a mental health condition. The group considers that after 8 meetings it has now completed its review and submits this report with recommendations to the Council and Board for acceptance and comment.

The Group's key findings are (recommendations are included in the Full Report attached):

- In the period under review there have been at least 12 changes to aspects of service delivery which may have had an impact on patient and carer support. It has not always been clear where primary responsibility for management of each change fell between NHfT and Commissioners and, as a consequence, 'holding to account' is a difficult challenge.

- There appear to have been initial weaknesses in project management and co-ordination which were identified and addressed with the result that final outcomes now appear to be meeting the initial objectives. In particular CIP savings have been mostly met and improvements to mental health services at the primary (GP surgery) level are starting to be delivered, albeit with some inconsistency across the county due to challenges over appointing the required staff within South and East Northants areas.

- There is anecdotal feedback that support for those remaining within the responsibility of the CMHTs (Secondary care) has been reduced as a direct consequence of the reduction in CMHT + AOT staff numbers and this has caused concern for relevant patients and their carers. It is hoped that reduced referral rates into secondary services as a consequence of the improved primary care level approach and sustained discharge rates will in due course reduce the numbers of patients being supported by CMHTs and thus improve service support for those remaining back to pre-change levels. It is regretted that additional transitional funding was not available to overcome this apparent temporary reduction in service quality.

- The quality of Communications with the communities affected by the changes has been poor and this has had a negative effect on the Trust's public image. Preparatory work is now going on to explain and publicise the new arrangements but it is regretted that together the Trust and its Commissioners were not a lot quicker to address this risk.

- The approach to evaluating the impact of the changes has been poor. Only now are the Trust and Commissioners seeking to understand the impact of the changes on service quality as received by patients and, as a result, it will not be possible to establish a baseline assessment. This is poor project management.

Abbreviations used in this report:

AHL: Acute Hospital Liaison
AOT: Assertive Outreach Team
CIP: Cost Improvement Programme
CMHT: Community Mental Health Team
COO: Chief Operating Officer
NCC: Northamptonshire County Council
NED: Non-Executive Director
PCLW: Primary Care Liaison Worker
T&F: Task & Finish

Full Review:

Further to the decision of the Full Council on 6th May to set up a Task & Finish sub-group to review the variety of changes affecting the provision of mental health support services in the Community 8 meetings have been held between 30th June and what is intended to be the last meeting on 3rd March 2015. The membership has fluctuated between 8 and 11 governors with a balanced membership of service user, staff, public and carer governors. There have been no partner governors. The Chair and Deputy Chair wish to thank the support of all those governors, staff, external advisors and directors who have contributed positively to the work of the group.

Andrew Bailey has served as Chair whilst Jacquie Gowans followed by Janet Hathaway have served as Deputy Chair. Terms of Reference were agreed and members, with the valuable support of NHFT staff, identified a list (Appendix 1) of 12 projects taking place within the county that would have an impact on mental health and wellbeing services in the community and a list (Appendix 2) of key concerns that the group members wished to address. The Council's private session on 9th September emphasised the widely held concerns about the perceived risks to patients as a consequence of these changes. These have been re-iterated by community meetings between sub-group members and patients and their carers as well as at the first public Annual Planning meeting on 11th February. Meetings have included representatives from staff side, Healthwatch, Commissioners and Social Services together with involved staff and have been managed with agendas intended to inform group members about the background to these projects, the accountability for their completion and the relevance to the Governors' role of holding its Board to account through its NEDs. Meetings on 3rd November and 3rd March 2015 were used to examine this accountability as it involves the Chief Operating Officer and NEDs.

The group has learnt that the range of service changes taking place is very complex and that whilst the Trust may have an interest in all the changes many are driven by GP and NCC Commissioners and thus the scope of the Board to influence the changes and decisions relating to them is often limited. It has, however, been clear that there has been a strong, constructive working relationship between the Trust, its commissioners and individual representative service users and carers during the development of the changes that have taken place. It is also clear that whilst governors as such may not have been consulted on developing the proposals for change other members of the patient and public community have e.g. the COO gave a full and well received presentation on the proposals to the NCC Health, Wellbeing & Adult Social Services Scrutiny Committee on 6/11/2013. Also non-governor service users are members of NHFT implementation teams. Healthwatch has also been taking an active interest.

Key aspects covered by the T&F group's meetings have included:

1. Identifying responsibilities between decision makers on the new service arrangements
2. Understanding the degree and mode of any public and patient consultations
3. The financial drivers and their management including the change by NHFT in their approach to delivering the relevant CIP targets
4. The management and effect of the proposed changes on staff.
5. The perceived effect on the delivery and quality of patient and carer support services and whether there is any resultant increased risk to existing and future patients
6. The quality and effectiveness of Communications about the changes.
7. Evaluating the impact of the changes.
8. The cross-overs with Social Services, the Voluntary Sector and GPs
9. The Group satisfactorily reviewed all items in Appendix 2 except for item 12 which was considered to be out of scope.

Key observations that have arisen from the T&F group's work follow. Where ongoing attention by Council standing sub-groups is recommended these are proposed:

1. There has been a lack of apparent overall co-ordination of all the changes, sometimes driven by the county wide urgency to deliver changes to several aspects of service at the same time (this is an issue for both CCG Commissioners and NHfT management). As one example of the consequence new PCLW posts that were apparently filled became vacant again before the candidates took up their posts because they then successfully applied for new posts in the AHL teams. This caused problems during the PCLW roll out.

2. The limited awareness of the public consultation on the proposed changes and the consequent lack of understanding in the county as to the variety of public and patient implications for the changes being made. The Sub-group believe that NHFT management should have worked with Commissioners to undertake a more widely based public consultation before starting to implement the changes as this would have reduced the bad publicity received. This would have been consistent with the views of Rhion Jones, Director of the Consultation Institute to the effect that, 'Nothing in law says that all consultation must be done by Commissioners', i.e. that Providers, who generally have more resources, share the responsibility.

3. The initially very poor level of communication to patients, carers and the public (and possibly also GPs) about the changes and how they will work. The group did however note a significant improvement in the handling of the reissued Older Persons CMHT staff consultation exercise from that for the first version that had been subsequently pulled. Lessons were being learnt along the way which is to the management's credit. The group also notes efforts now being made by the CCG and Trust Communications teams to develop appropriate material to explain the new mental health support arrangements to GPs and the public including patients and their carers.
   1): It is recommended that the Patient Safety & Experience sub-group continue to monitor this development in communications material to ensure the final work is of good enough quality and effectiveness.

4. The consequential impact on some patients and carers who became very concerned as to the level of future support they would receive and the associated risks. Members of the group have received several reports from across the county of reduced support from CMHTs and this is of great concern to the group. In this context the group recognise that a patient's perception of support received and the recorded reality can differ especially if a long term relationship with a particular nurse, etc. has been necessarily broken through retirement or movement to a new role. It is reassuring to learn that where the new PCLW service has become embedded referrals to secondary care have reduced significantly and discharges from secondary services back into primary care are being maintained at long term rates. The implication is that CMHT patient numbers will reduce to levels more compatible with their reduced staff complements and grading structures and so patient support should improve but it is regretted that no extra transitional funding was provided by Commissioners or engineered within Trust finances.
   2): It is recommended that the Patient Safety & Experience sub-group continue to monitor the quality of support being delivered to CMHT patients to ensure a return to traditional support levels is, as a minimum, achieved.

5. The late and to date apparently disjointed approach to evaluating the various impacts of all the changes being implemented, particularly to monitoring the perceived quality and effectiveness of the revised approaches to patient support. It is a great surprise to the group that there has been no baseline evaluation of performance prior to all these changes being started and now, 1 year forward, evaluation programmes are only just starting. Whilst the group is pleased to now recognise the introduction of a comprehensive evaluation programme its tardy implementation is bad Project management and the fault appears to lie both with Commissioners and the Trust.
   3): It is recommended that the Finance, Planning & Performance sub-group monitor the results of the evaluation programmes only now being started by the Commissioners and the Trust to ensure patient numbers and treatment outcomes

are improving at levels to justify the changes made.

6. During the course of the group meetings a financial Risk was identified with respect to the grade of the new Band 5 CMHT posts insofar as the Staff side appeared to be challenging the grade given. At 3/11/2014 the COO was not aware of this risk. By the end of the group's work staff side had dropped their concerns and the risk no longer remains.

7. Concerns about the implications of IT gaps e.g. those handling emergency re-admissions have limited access to notes re primary care based interventions following the patient's discharge from secondary care and so may not have a full picture.
   4): It is recommended that the Staff & Resources sub-group review at an appropriate future date whether this discontinuity has been addressed.

8. The group identified some initial confusion as to whether the new PCLW posts had a role in the 'step down' process when patients were discharged from secondary back to primary care. It was later clarified that no such role exists. The Chair has recently learnt that a number of new individual patient appropriate initiatives that take advantage of the new primary care structures are being trialled for those patients being 'stepped down'. It is to be hoped these will be codified and built into a well publicised suite of options in order to avoid the common current image of being released without support.

9. The group are concerned as to whether the Board, including its committees, has given sufficient focus to the implications of all the changes to mental health services in the community and the impact on its image (reputational risk) and existing patient support within the CMHTs. There is little evidence of discussion within Board and Committee minutes seen by the group although the group accept that the nature and content of such minutes can not be made fully available to it. The group has also received strong assurances from NEDs that the implications and outcomes of the changes have been subject to regular scrutiny and discussion in both formal and informal meetings between the NEDs and the Executive / senior management. The group are also pleased to learn that the NHFT Chair has asked a nominated NED to take a special interest in Mental Health services going forward.

10. Overall the group formed the view that initial project management was weak and the wide programme of change was poorly co-ordinated. Faults lay both with Commissioners and the Trust. Concerns were raised and changes to approach at Board and senior management level produced significant improvements that appear to be leading to a finally successful outcome although some serious concerns remain to be resolved. To that extent early returns suggest that there has been a very significant increase in the numbers of patients receiving specialised mental health interventions at the primary care level with a consequent reduction on the numbers needing referral to secondary services – this was the principal aim of the changes.

The Task & Finish group has now completed its work and asks the full Council of Governors to accept its findings and recommendations. It also requests that this report be considered by the Board in open meeting so that it has the opportunity to publicly comment on our findings and reassure us as to what further steps it proposes to take in terms of the future management of its community based mental health services. These should be focussed on tracking service quality performance as a consequence of the changes and the successful delivery of the intended outcomes of those projects where they are within the Board's remit to influence.

Andrew Bailey
Janet Hathaway
4 March 2015