


Mental & Social Healthcare

2gether
.....in Herefordshire

Health Overview and Scrutiny Committee



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PURPOSE:

- The focus today is to
- Remind colleagues of the scope of services contracted
- Remind the committee of the promises we made and the ways on which success would be measured
- Update colleagues on progress on delivering our promises to Herefordshire's community
- Receive feedback on the services we are providing and our approach to building and sustaining productive partnerships

Scope of Services

- **Adult Working Age Health and Social Care Services**
- **Older People's Health and Social Care Services**
- **Child & Adolescent Mental Health Services**
- **Adult Learning Disabilities Services (transfer 1/4/12)**
- **Substance Misuse Services**

**To Herefordshire GP registered population c170,000
NHS contract plus S75 with Herefordshire County
Council**

Emphasis

- To reduce the service's dependency on Acute Inpatient beds and provide care within or as close to a patient's home as possible
- To ensure services and practitioners operate within appropriate and safe practice
- To reposition existing services as much as possible to meet the increasing demands of an ageing population
- To engage, work with and support the whole system and our service users and their carers
- To maximise patient wellbeing and to maintain their support in their home community for as long as possible
- To facilitate prevention and Early Intervention to prevent carer or family breakdown

We planned an increase in:

- Access rates per 100,000
- % of individuals provided with appropriate alternative to admission via crisis and home treatment services
- Year on year patient satisfaction scores
- Service User and Carer, Staff and Whole Systems Partners satisfaction
- Compliance with CPA to 100%
- % of individuals discharged from inpatient care seen within 5 days face to face (not 7 days)

We also expected to make significant reductions in the following:

- % of unplanned readmissions within 28 days and 90 days
- Waiting time for routine provision
- Year on year sickness levels
- Length of stay for those requiring admission
- Reliance on agency leading to improved productivity and quality consistency
- Reduction in delayed transfers of care
- % of individuals in contact with services who spend time as an inpatient
- Year on year harm from serious untoward incidents
- Beds within the service
- Expenditure on anxiolytics within Primary Care
- GP appointments for individuals with mild to moderate symptoms of depression, anxiety and obsessive compulsive states

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<i>We said we would increase:</i>	<i>We have:</i>	RAG Rating
% of individuals provided with appropriate alternative to admission via crisis and home treatment services	Increased by 22% the number of individuals treated at home from 189 to 231	
Year on year patient satisfaction scores	Quarter 4 survey taking place as part of CQUIN	
Service User and Carer, Staff and Whole Systems Partners satisfaction	Quarter 4 survey taking place as part of CQUIN	
Compliance with Care Programme Approach compliance to 100%	100%	

4

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<i>We also expect to see significant reductions in:</i>	<i>We have:</i>	<i>Reduced by 18% from £53,701 to £44,213</i>
% of unplanned readmissions within 28 days	Reduced number readmitted from 56 to 34 Significant change from Sept	
Waiting time for routine provision	Significant improvements across the board	
Year on year sickness levels	Up from 4% to 4.86% Changed calculation	
Length of stay for those requiring admission	See separate table	
Reliance on agency leading to improved productivity and quality consistency	To date we have used 2545 less hours of agency nursing time than last year	
Reduction in delayed transfers of care		
Expenditure on anxiolytics within Primary Care	<i>We have reduced by 18% from £53,701 to £44,213</i>	
Beds within the service	<i>Reduced adult beds from 29 to 18 and will achieve 16 by May 2012</i>	

4

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<i>We said we would reduce length of stay:</i>	We have:	<i>RAG Rating</i>
Mortimer	Down from 44 days to 28 38% reduction	
Jenny Lind	Down from 50 days to 49 days 2% reduction	
Cantilupe	Up from 62 days to 85 days an increase of 37%	
	Length of stay on Cantilupe is significantly impacted on by 2 delayed discharges	

4

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Progress after 10 months...

Staffing

- Management of change - ward and team managers appointed. Social Care Lead and Lead Nurse for Psychosis also appointed and in post.

Changes to Services

- Crisis Assessment & Home Treatment Team retrained
- CAMHS recruitment & Choice And Partnership Approach implementation
- Memorandum Of Understanding signed with Wye Valley Trust
- Forensic integrated with AOT

Progress cont.

- **Environment**
- Work schedule to ensure Cantilupe Ward single gender compliance completed
- Investment on Oak House to address high risk environmental issues - Direction of travel agreed with commissioners.
- integration of DASH and CAS into one Substance Misuse service.
- **Governance**
- Case note mapping and tracking
- Care Programme Approach audits to assure compliance
- Memory Service accreditation
- Integrated Mental Health Act Administration, Complaints and serious incident processes
- Policy Harmonisation has been completed
- **Transfer of Estate**
- Dialogue ongoing to establish framework necessary to achieve this successfully

Added Value

- Psychiatric Liaison
- Psychiatric Intensive Care Unit placements enacted
- Access to Learning Disability Inpatients enabled
- Access to Substance Misuse Inpatients enabled
- Quality Innovation Productivity and Prevention (QIPP) joint working with Commissioners and partner providers
- GP Parliament
- Implementing the Fair Horizons model of care in years 2 and 3
- Implementation of Electronic Records on track

Primary Care Mental Health Service

- A new service
- To enable primary care to manage stable service users
- Will provide priority re-entry for Service Users to secondary care
- Brief intervention and assessment
- Work closely with Increasing Access Psychological Therapies
- Primarily mild to moderate needs

And Finally

- Number of people receiving Early Intervention Services up by 15% from 66 to 76
- Number of people receiving Assertive Outreach Treatment up by 7% from 68 to 73
- Waiting list for CAMHS down from 58 to 14 whilst YTD seen 526 compared to 512 full year last year. However 100% seen within 18 weeks compared to 52% in 2010/11
- Number of individuals with a review within 12 months up from 75% to 96%