

**Health and Adult Social Care Scrutiny Committee - 28<sup>th</sup> March 2012**

**Report of the Service Transformation Programme Director, Dudley & Walsall Mental Health Partnership NHS Trust**

**Service Transformation Programme Progress Report**

**Purpose of Report**

To update the Committee on the Trust's progress with its service transformation programme.

**Background**

1. The Trust developed its new model for adult services in 2010 which has received commissioner support across both health and social care. Further work is in progress for Child and Adolescent Mental Health Services (CAMHS) and Older Adult Services.
2. The Service Transformation Team is clinically led and is delivering implementation of the model through a service transformation programme.
3. A wide range of evidence was considered in developing the model including stakeholder feedback, particularly service users, carers, GPs, staff, and staff side.
4. The model has previously been presented to the Overview and Scrutiny Committees in both Dudley and Walsall with detail of year 1 proposals.
5. This paper presents an update of progress against year 1 plans (2011/12) and presents plans for year 2 (2012/13).

**Finance**

The Trust has to deliver significant savings over the next 5 years. Implementing the model will streamline services, reduce duplication, improve quality and patient experience and help to deliver efficiencies.

**Law**

There are no legal implications identified.

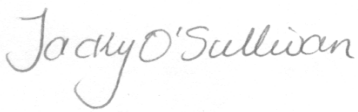
## **Equality Impact**

Equality Impact Assessments and Quality Impact Assessments are being undertaken at each stage of service transformation. No negative impact of the Trust's proposals have been identified with initial assessments, these will be reviewed at 6 monthly intervals.

## **Recommendation**

It is recommended that:-

- The Committee receive this report for information and assurance.



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**Jacky O'Sullivan**  
**Service Transformation Programme Director**

Contact Officer: Marsha Ingram  
Telephone: 01384 362378  
Email: [marsha.ingram@dwmh.nhs.uk](mailto:marsha.ingram@dwmh.nhs.uk)

## **List of Background Papers**

None

## **1.0 Introduction**

The Trust has previously presented its plans for service transformation and its new model to the Committee. Implementation of the Trust's service transformation programme is expected to take place over 5 years and has the potential to bring significant changes to how service users experience our services. Whilst the whole 5 year programme may be considered to be a significant change, years 1 and 2 can be considered to be foundation forming years that look to drive efficiency through the standardisation of our services and improvement of service user experience. It is true to say that the service transformation process is evolutionary in nature and will require ongoing dialogue between the Trust and its stakeholders as we continue our journey in an open and transparent way.

The Trust now has a well established Service Transformation Team that is clinically led with the Executive Lead being provided by the Medical Director and the Programme Director provided by a mental health nurse.

This paper provides an update on year 1 plans i.e. 2011/12 and year 2 plans 2012/13.

## **2.0 Year 1 Plans (2011/12)**

There have been 6 programmes of work for the current year: -

### **2.1 Enhanced Primary Care**

The Trust provides both primary care and secondary care services. Primary care services are based primarily in GP practices and are for people with mild to moderate mental health issues who are low risk e.g. mild anxiety &/or depression. The Trust extended its Walsall service to provide additional 'talking therapies' in January 2012 and the service is now one of the best performing in the West Midlands.

Within Dudley the Trust provides primary care and 'talking therapies' separately as they were originally commissioned in this way. This has meant there are two access routes into the service which is now being addressed by bringing both services together from April 2012. This will streamline services to improve access and efficiency.

At year end this service transformation plan will be considered delivered.

### **2.2 Psychiatric Liaison**

In the last report the Trust identified that this service was already provided to Walsall Manor and had now been developed at Russell's Hall Hospital.

At year end this service transformation plan is considered delivered.

### **2.3 Memory Service**

The demand for Memory Services in both boroughs continues to grow. The Trust provides this service in Walsall but only the medical component of the pathway in Dudley. Both pathways are currently being reviewed.

### **2.4 Early Access Service (EAS)**

Section 1.1 identified that the Trust provides primary and secondary care services. Secondary care services are for people with moderate to severe mental illness with higher risk than primary care. Previously the Committee have heard that a concern of the Trust and its stakeholders has been that there are multiple routes into the service which makes

pathways complex and difficult to navigate. Plans presented included the development of an Early Access Service (EAS) that ultimately would operate 24 hours a day, 7 days a week, providing a consistent approach to all emergency and routine (or priority) referrals.

Development of this service has been phased and the Trust is on schedule to have one Early Access Team in each borough by April 2012 which will initially cover Monday to Friday for emergency and priority assessments. Crisis Resolution/Home Treatment will continue to provide out of hours emergency cover for the time being, with a review scheduled later this year. Team Managers have been appointed and are now actively involved in the ongoing set up and development of this service.

## **2.5 Community Recovery Service (CRS)**

The Committee will be aware of the Trust's plan to establish two Community Recovery Teams in each borough which has now been delivered. These teams bring together a range of skills and expertise to provide treatment and intervention within secondary care mental health services. The teams will retain access to clinical rooms across both boroughs so that service users have a range of access points, including their homes if appropriate.

Establishing the teams is a key milestone but there remains a lot to do to ensure capacity for treatment is developed and that the teams work as efficiently and effectively as possible. The teams will have a close working relationship with the Early Access Service which provides the access point into the service. As with the EAS, the CRS will be reviewed early on and regularly to assess its effectiveness, any issues, and further developments/changes required.

## **2.6 Transfer and Transition Team**

Trust plans were for two teams, one in each borough, working with service users, their families, GPs and the wider primary care team, for up to 6 months, facilitating their discharge back to primary care.

Both of these teams are now established and they have started working with the first group of service users addressing issues such as benefits, training and development for primary care staff and developing and agreeing discharge management plans.

## **2.7 Quality Impact Assessments (QIA)**

The Trust already has a number of quality metrics in place that are monitored by commissioners through the contracting process. As a part of service transformation each service undertakes a Quality Impact Assessment and develops its own, service specific, quality metrics.

The QIAs for year 1 have incorporated both patient safety and experience from the perspective of impact and measuring outcomes. Each service has included in the metrics a Patient Related Outcome Measure (PROM) and a Patient Rated Experience Measure (PROM).

Frontline staff and service users have been involved in the process of completing the impact assessments and developing the metrics. Work is in progress to commence data collection from April 2012 including the refining of the metrics to ensure data quality.

### **3. Year 2 Plans (2012/13)**

#### **3.1 Criminal Justice Service (CJS)**

Working in collaboration with Criminal Justice Agencies, the Criminal Justice Service (CJS) provides support to service users who are also in forensic services. This approach enables joint management of risk, provision of support, advice and assessment. The Trust currently has two small teams, one in each borough and both working quite differently.

During 2012/13 these teams will be brought together to form one team and to provide services in line with national recommendations (Bradley Report, 2009).

The key changes are: -

- Court Diversion  
Team takes on Dudley Court Diversion element of the service that is currently provided by another Trust (our Trust already provides Walsall element).
- Change of model  
Moves away from a 'liaison' type role to a face to face offender contact and support service including probation clinics, court diversion, prison in-reach and assessment at the point of arrest within police custody suites.

#### **3.2 Substance Misuse Service (SMS)**

Specialist Substance Misuse Treatment Services are provided in both Dudley and Walsall boroughs. However, different commissioning intentions in the two boroughs have resulted in the development of different service models with the Trust providing a fuller range of services in Walsall but services within Dudley at primary care level being provided by the third sector.

The original proposal was that SMS integrated into the new model which would mean services moving to Primary Care, Early Access Service and Community Recovery Service. Following considerable debate in the Trust it has now been agreed that this isn't progressed for the following reasons: -

##### ***Access requirements***

The service is expected to provide direct and open access i.e. self referrals, which doesn't fit with the new model.

##### ***Performance Targets***

Performance targets are set nationally and are not consistent with those applied within mental health services. There are also national requirements for the reporting of data to the National Treatment Agency (NTA) via the national Drug Treatment Monitoring Service (NDTMS).

##### ***Target Group***

The target group are those with a primary presentation of drug &/or alcohol dependency. A very small proportion requires specialist mental health services and therefore it is not considered to be appropriate to put them through a mental health gateway.

### ***Functions and Clusters***

Clinical interventions, functions and Care Clusters are not consistent with those of Primary or Secondary Care mental health services. Specific Care clusters are being developed and are currently being implemented in six pilot sites nationally.

### ***Skills Mix***

The National Skills Consortium has been commissioned to develop an updated skills framework to support the emerging recovery agenda. Whilst obvious comparisons exist with mental health needs it is likely that these skill sets will be specific to the SMS sector.

### ***National Strategy***

A separate National Strategy is in place, 'Drug Strategy 2010, Reducing Demand, Restricting Supply, Building Recovery' and establishes the framework for all the activity to address drugs and deliver system wide reform.

### ***Changes in commissioning arrangements***

From 2013/14 (shadow for 12/13) commissioning for all drug and alcohol services will transfer to Public Health in the Local Authority. Integrating within the new model makes it increasingly complex and time consuming to monitor financial flows, activity and KPIs if this service is to be commissioned separately.

The key changes are: -

- **Recovery agenda**  
National strategy for working with people with substance misuse problems is changing to one of recovery, providing support to ensure more people are tackling their dependency and recovering fully. Both services will realign themselves to the emerging national strategy. Staff skills analysis will need to be undertaken with a view to improving access to psychological therapies.
- **Dual Diagnosis – Dudley**  
Good practice identifies that the primary responsibility for the treatment of individuals with severe mental illness and problematic substance misuse should lie with specialist mental health services. This approach is referred to as mainstreaming and aims to lessen the likelihood of people being shunted between services or losing contact completely. Therefore the Dual Diagnosis workers based with SMS will move to the Community Recovery Service.
- **Skill Mix**  
This will be reviewed to ensure the right skill mix and competency within the service for the future.
- **Community Alcohol Team – Dudley**  
This team have been seconded to a third sector provider for some time. It has now been agreed with commissioners that we will end the secondment arrangement and merge the separate alcohol treatment components within Dudley into one team based with SMS. This falls in line with National Drug Strategy which states that services should be aligned and locally led so they are free to design services to ensure they meet local needs.
- **Drug Testing and Screening Tender**  
A European procurement tender to be undertaken with the objective of reducing costs by 10-20%

### **3.3 Adult Health Therapeutic Services**

These services are provided in both boroughs and provide therapeutic psychological interventions and life skills across a range of care clusters. As the Trust continues to simplify pathways and access to services it has been agreed that these services should not sit separately but should be integrated into the Community Recovery Service and potentially Primary Care.

### **4.0 Workforce implications**

The Trust, in partnership with both Walsall Council and Dudley Council have successfully managed the workforce implications of year 1 plans and are currently developing year 2 implementation plans. A redeployment and re-skilling policy has been key to its success.

### **5.0 Risk Management**

Each service transformation workstream has its own risk register that feeds into an overarching service transformation risk register and from there into the Trust risk register. A strong focus on risks and their mitigation continues to be maintained throughout the programme with regular reports to both the Governance and Quality Committee and Trust Board.

### **6.0 Recommendation**

The Committee is asked to receive this report for information and assurance.