

COMMITTEE TITLE:	Board of Directors
DATE OF MEETING:	February 2020
AGENDA ITEM:	
TITLE:	Patient Voice Report featuring Local Partnerships Mental Health Services for Older People and Mental Health Specialist Services
PRESENTING OFFICER:	Anne-Maria Newham, Executive Director of Nursing
REPORT AUTHOR:	Paul Sanguinazzi, Head of Involvement and Experience

ACTION – THIS PAPER IS FOR:	Decision		Information		Assurance	x
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PURPOSE OF THE REPORT

The main purposes of this monthly report are:

- To inform the Board of Directors of our headline patient experience indicators for the Trust as a whole, for each division and for a specific service.
- To summarise the full breadth of feedback received from service users, carers and staff over the previous rolling year about the specific service/s featured and any plans to address the main issues raised. To update on the issues raised in the report about the service from a year previously.
- To update the Board of Directors on the action taken to address the main issues raised about the service featured in the Patient Voice report three months previously.

This report focuses on feedback received about our Mental Health Services for Older People **and** our Mental Health Specialist Services. It also updates on the issues presented in the Patient Voices report submitted to Board in September 2019 featuring General Healthcare Services in Bassetlaw and Mid-Nottinghamshire.

KEY ISSUES, OPTIONS AND RISKS

The most prominent issues for Local Partnerships - Mental Health Services for Older People selected from the range of feedback raised by service users and their carers' and families over the last 12 months are:

1. Waiting times – Memory Assessment Services

A recovery paper has been submitted to the Clinical Commissioning Group (CCG) which details the increased resources required to ensure that the service is able to:

- Reduce the wait list
- Ensure that further wait lists are not incurred

This is an 18-month recovery plan which the CCG have taken and is to be tabled at committee in January 2020 when we hope to receive a response.

2. Waiting times – Community Mental Health Teams and Day Services

The decommissioning of day services, Mid Notts and Bassetlaw weekend working, IRIS in Mid Notts, Compass Workers and The Alzheimer's Society support has led to increased demand on the community mental health teams.

The Directorate is working through a process of pathway redesign for both the mental health pathway patients and for its Dementia care offer. The Long-Term Plan and the 5 year forward view are enabling the service to review its CMHT's and its offer for patients in the community with mental health issues and put forward stabilise and bolster plans which will deliver increased resources into the Community teams. These plans include developing new roles – Advanced Clinical Practitioner / Trainee Nursing Assistant / Crisis / IRIS / Peer Support Workers as well as stabilising the current Community Mental Health Team offer.

The dementia pathway redesign will focus on care in the community and working with the third sector to ensure support in the community enables families to remain cared for in the community for longer.

3. Ongoing support following an intervention

Comments relating to people feeling at a loss when an intervention comes to an end, or between appointments.

As an integral part of the dementia pathway redesign we anticipate working with different providers to develop post diagnosis support for families in the community. We would want to develop the Admiral Nurse Model / Peer support workers / an enhanced IRIS offer to include 24hour care.

We would want to develop conversations with our commissioners to ensure that our memory clinic offer in the south of the county can be reinstated for the mid Notts / Bassetlaw space and welcome conversations with the 3rd sector on support e.g. Alzheimer's society following our interventions.

4. Communication with those newly admitted/referred into services with a recent diagnosis

All community and inpatient services within MHSOP aspire to have information about their services for patients and also information for carers (as part of the Triangle of Care). Whilst Teams try to provide information in a helpful way, it can be difficult to gain a balance between too much or too little information to signpost people and give them the knowledge and understanding they need. This is particularly so when staff are aware of a number of services which are no longer available as previously noted.

Staff also try to offer options for the provision of information e.g. hard copies or information on RECAP. Many older people are becoming part of the 'silver surfer' generation or family carers may prefer information via RECAP.

The most prominent issues for Local Partnerships Mental Health Specialist Services

selected from the range of feedback raised by service users and their carers' and families over the last 12 months are:

1. Expectations around waiting times in IAPT services – Leicestershire, Rutland and Nottinghamshire (A continuing issue from previous reports)

All three IAPT services consistently meet the trajectory for National Waiting times targets - Trust figures across the three IAPT services average at 78% in 6 weeks, and 99% in 18 weeks (Quarter 3, Oct-Dec 2019)

An interim Pathway was implemented to reduce the wait from first to second treatment appointment. This was developed with NHS Improvement and the Clinical Commissioning

Groups. This has been very successful and has reduced the number of patients waiting for Step 3 treatment.

The service has also implemented a new patient model with new Step 3 group work and IESO (live text-based CBT therapy).

2. Gender Services – Waiting Times (A continuing issue from previous reports)

The waiting times continue to rise as demand continues to outstrip capacity- this is a problem which is well recognised by the National Commissioning Team. The patient group outstrips clinicians by approx. 100 to 1, there are no academic training pathways for any of the professions; therefore they have to go through an arduous competency pathway as outlined by BAGIS (British Association of Gender Identity Specialists) this process normally takes three years.

NHS England have been consulting for the last year on a new service specification for the seven Gender Identity Clinics in England, with a view to going out to tender in October – there is hope that additional money will be made available to expand the workforce.

We are awaiting the outcome of a procurement process and at this stage do not know if we will be able to expand our service.

We continue to meet with community groups to engage with people on the waiting list and the groups that they attend. We encourage patients on our waiting list to contact our specially commissioned telephone support service whilst they are waiting. A report has been developed on the impact of this service and it has found to be helpful.

3. Service users not feeling listened to or understood as an individual (across multiple services)

For young people's crisis services, all young people and carer's have input into the summary of the assessment and their care plan. I will ask the team to check with young people and carers that they feel their views have been captured in this and to add to it if they wish to, acknowledging that views may differ at times.

The CAMHS LGBT Collaborative partnership has identified this as a concern for some young people and is looking at how we can make improvements. Many young people feel they would like to have more choice about which clinician they see or be able to choose to see a different worker if they don't 'match', but we have also identified that many young people fear a negative reaction and, therefore, we need to look at how we do more to demonstrate we are here for all young people.

The services receive many thank you cards that demonstrate that many patients feel listened to and understood. We are not always good at capturing and sharing this as a service. We will look at how we can improve on this.

4. Issues raised by MH:2K group, and LGBTQ+ Collaborative Project in CAMHS

- Use of bank staff – The service repeatedly hears feedback that the use of bank staff is too high in in-patient care and this impacts on patient experience. The service is improving recruitment methods but is losing staff as the process from the point of offering the post to appointment is too long.
- Improve the experience of young people from an equality and diversity perspective, with waiting rooms featuring highly as an area of need to improve, as well as the service showing it welcomes diverse groups by developing information in a more young person friendly way with statements and images that represent diversity. The

QI collaborative partnership continues to develop the action plan and will work with CAMHS to make changes.

- **Accessing Services** – There is a lack of information available for young people on what support services can be accessed, additionally there is was lack of a young person's voice in regard to services they access meaning that a lot of the time the young person doesn't have a choice of which service they are provided with.
- **Young people not having a voice in Mental Health** – Young people have expressed to MH:2K that they don't have a platform to speak as an individual, young people feel they are just another tick box where their condition is labelled and can sometimes be misdiagnosed because their GP or worker doesn't have a real understanding of the person and their needs, which can be seen as undermining and creates a lack of trust between the young person and the 'professional'.

Update is provided for Bassetlaw and Mid Nottinghamshire on the main issues reported within the Patient Voices report in September 2019:

- **Patients wanting more access to services (all services within portfolio)**

Patients would like more visits or longer interventions and often have expectations around length of stay and discharge from the service.

Services are working to clarify the expectations around length of stay and length of intervention, and to forewarn patients of their expected discharge date. The services are consider utilising the NHS choice letters in bedded facilities developed by NHS England to help patients to understand the discharge plan on the initial visit and to set predicted dates of discharge. The services are to consider criteria-led discharge protocols.

It is hoped that these two concepts will assist the psychological contract we have with our service users to work in partnership and help them to understand what outcomes they want to achieve with us whilst under our care.

Services are also working to put more content on RECAP which can be prescribed to a patient while under our care and on discharge to better support them to self-care.

A QI project in District Nursing commenced which will ensure the consideration and implementation of the above in community nursing.

- **Communications with patients - Time of appointments including notification of deferrals (Intermediate care - Bassetlaw)**

Patients have indicated that they would like to understand how long it will take for their first appointment and when the appointments will occur following the first appointment.

The service will introduce the standard operating procedure for triage (which includes being seen within two hours if in crisis). This procedure includes comfort calling the patient if appointments are changed and arranging the first appointment with the patient to ensure effective communication with our service users re waits and timings of visits. A triage review is now underway, to encourage a consistent approach across the north effective of January 2020.

- **Service quality outcomes - Delays in dressings and treatment (Bassetlaw)**

Patients are reporting that since dressing orders have changed, they are having to wait a lot longer than usual and are not always getting the correct dressings on time.

We are working in collaboration with the CCG as part of this years' Service Delivery Improvement Plan (SDIP), who will be rolling out direct supply of dressings effective of

January 2020 which will reduce the need for FP10 (prescription) and pharmaceutical delivery of the products and hence the delay within the process.

- **Communication with patients - Customer care on-call handling**

The service is now using the 'Situation Background Action Recommendation' (SBAR) triage tool for all our call handlers to utilise in our single points of access. This should ensure consistent approach, service guidelines for our call handlers and implement national evidence base for triage into the services. Call handling algorithms are currently under review also.

EXECUTIVE ANALYSIS

From October to December 2019 we received 3248 responses to our service user feedback survey. The Trust's Service Quality Rating for this period is 95% and our Friends and Family Test Score for this period is 96%. Of the people surveyed 93% said the service they received had made a positive difference to their health and wellbeing.

This month's Patient Voice Report focuses on **Patient Voice Report featuring Local Partnerships Mental Health Services for Older People and Mental Health Specialist Services**.

The report summarises the main issues identified from the full range of patient and carer feedback received by the services in focus over the previous year, and action taken or proposed to address these issues.

The main issues identified for **Local Partnerships Mental Health Services for Older People** are:

- Waiting times – Memory Assessment Services
- Waiting times – Community Mental Health Teams and Day Services
- Ongoing support following an intervention
- Communication with those newly admitted/referred into services with a recent diagnosis

The main issues identified for **Local Partnerships Mental Health Specialist Services** are:

- Expectations around waiting times in IAPT services – Leicestershire, Rutland and Nottinghamshire (A continuing issue from previous reports)
- Gender Services – Waiting Times (A continuing issue from previous reports)
- Service users not feeling listened to or understood as an individual (across multiple services)
- Issues raised by MH:2K group, and LGBTQ+ Collaborative Project in CAMHS

The report also updates on the issues presented in the Patient Voices report submitted to Board in September featuring **Bassetlaw and Mid Nottinghamshire**:

These were:

- Patients wanting more access to services (all services within portfolio)
- Communications with patients - Time of appointments including notification of deferrals
- (Intermediate care - Bassetlaw)
- Service quality outcomes - Delays in dressings and treatment (Bassetlaw)
- Communications with patients

PROPOSALS AND/OR RECOMMENDATIONS

The board is asked to discuss the report and to receive an update from Mental Health Services for Older People and Mental Health Specialist Services in May 2020 to update on progress against the key issues identified in the report.

IMPACT ASSESSMENT

LINK TO BAF	None
FINANCIAL IMPACT	There are no significant financial implications in the report, although MHSOP has requested additional funds from the CCG to address waiting times in the Memory Assessment Service.
WORKFORCE IMPACT	The issue of staffing shortages and the impact on waiting times is raised in relation to Mental Health Specialist Services, within Gender Services demand outstripping clinician availability and CAMHS in relation to the use of bank staff.
QUALITY IMPACT	Several of the issues raised impact on the quality of the services delivered including waiting times and communication with patients and families.
EQUALITY & DIVERSITY IMPACT	Both Directorates featured have not had any complaints or other feedback relating to Equality and Diversity Issues.

REFERENCES, SUPPLEMENTARY READING & APPENDICES

None

COMMITTEE WHERE REPORT PREVIOUSLY CONSIDERED:	This paper has not previously been considered at a committee.
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