

Local Members Interest

N/A

Health and Care Overview and Scrutiny Committee Monday 17 October 2022

Inpatient services in south east Staffordshire for adults and older adults experiencing severe mental illness or dementia

Recommendation(s)

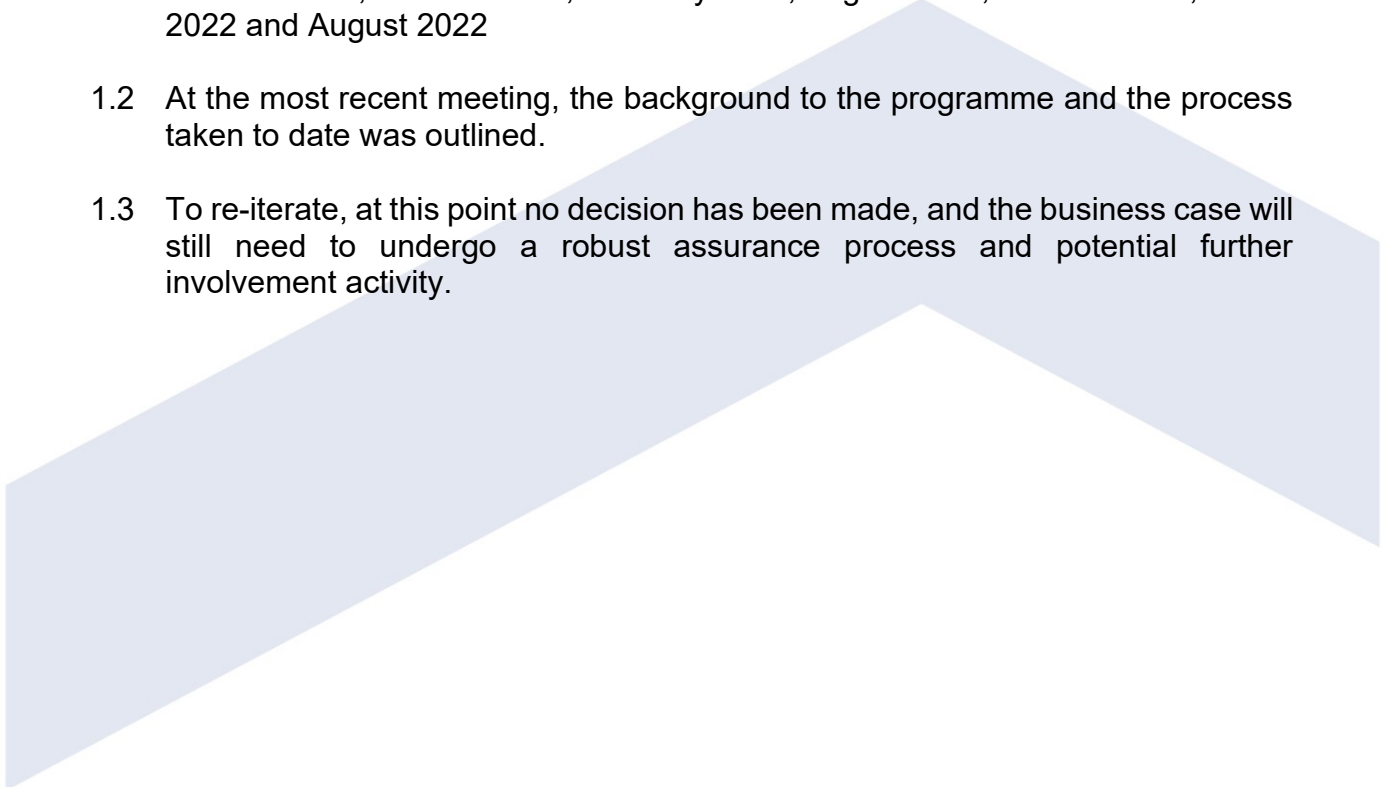
I recommend that:

- a. The committee receives the update around the programme of work.
- b. The committee receives the requests for further information set out by the committee during the 1 August 2022 meeting.

Report of NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) and Midlands Partnership NHS Foundation Trust (MPFT)

Report

1. Background

- 1.1 This paper provides an update on the programme to find a long-term solution for the inpatient mental health services previously provided at the George Bryan Centre. Previous updates have been presented to this committee in July 2019, October 2019, October 2020, February 2021, August 2021, October 2021, March 2022 and August 2022
 - 1.2 At the most recent meeting, the background to the programme and the process taken to date was outlined.
 - 1.3 To re-iterate, at this point no decision has been made, and the business case will still need to undergo a robust assurance process and potential further involvement activity.
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- 1.4 As the proposal involves the permanent reprovision of inpatient beds at an alternative site and a reduction in the number of beds for older people, due to an enhanced community offer, this is considered service change.
- 1.5 The NHS has to meet certain statutory and regulatory requirements when considering service change. The paper presented in August 2022 explained the current position in this process.
- 1.6 The paper also outlined the proposals that were considered, how a single viable proposal was reached and the potential impact of that proposal.

2 Outcome from August 2022 meeting

- 2.1 That the Health and Care Overview and Scrutiny Committee note the report relating to inpatient services in south east Staffordshire for adults and older adults experiencing severe mental illness or dementia.
- 2.2 That the comments and requests for further information of the Health and Care Overview and Scrutiny Committee be considered to strengthen and clarify matters in the business case for Inpatient services when next considered:
 - a. The importance of communication and raising awareness of the community mental health offer, the patient pathway and the measures of success.
 - b. Key performance indicators (KPIs) were lacking in the business case.
 - c. Mental Health Inpatient Service user satisfaction rating data for 2022 requested
 - d. Evidence of transport and support provided for relatives visiting St Georges Data would be provided re vacancies for the South Staffs mental health services requested.
 - e. The longer-term commitment in terms of the Community Mental Health Services.
 - f. Clear transport policy needed to look at impact on visitors due to a centralised site.
 - g. Clarity whether the Community Services were ringfenced.
 - h. Greater detail in terms of the transport mapping.
 - i. Technology complimenting human contact – more clarity on this needed.
 - j. Safety aspects – there is a need to be satisfied.
 - k. Discussion with wider partners about future commissioning at George Bryan Centre if it were not a mental health inpatient facility along with local need and timescales in ICP.

3. MPFT and ICB Response

a. The importance of communication and raising awareness of the community mental health offer, the patient pathway and the measures of success.

MPFT operates a 24/7 helpline ([Urgent Help :: Midlands Partnership Foundation Trust \(mpft.nhs.uk\)](https://www.mpft.nhs.uk)) and people are able to self-refer to Improving Access to Psychological Therapies (IAPT) services ([Staffordshire and Stoke-on-Trent Wellbeing Service \(staffsandstokewellbeing.nhs.uk\)](https://www.staffsandstokewellbeing.nhs.uk)). Referral to specialist services mainly comes via the GP, including the mental health practitioners in primary care.

Figure 9, of the business case, shows how a patient with severe mental illness currently navigates the mental health system. It illustrates how, wherever possible, the patient is cared for in community settings including their own home, with the help of a Hospital Avoidance Team, rather than in an inpatient setting, and how the care 'wraps around' them to provide not just clinical but social support.

This is achieved through a multi-disciplinary team approach, drawing upon skills of the wider team to support patient and their family/carers. There is also additional support, demonstrated in Figure 10 -this shows the voluntary sector provision for services to support mental health patients in the community.

Newsletters are distributed regularly (see below for an example newsletter from August 2022) to a wide range of stakeholders.



CMHT Stakeholder
Newsletter - August 2

If the council are keen to nominate a Mental /Health Champion, MPFT would be happy to work with that individual to ensure residents are aware and informed of local services.

Section 2.4.6 of the business case contains case studies which demonstrate how the patient pathway works for patients and their carers and measures of success are outlined in section (b) below.

b. Key performance indicators (KPIs) were lacking in the business case.

As part of the monitoring and assurance mechanisms with NHSE the ICB is required to provide updates around a range of key performance indicators across all of the NHS LTP priorities including Community Mental Health and inpatient care. Assurance meetings between the ICB and NHSE take place monthly around these metrics. An example of some of the metrics associated with inpatient care is in the table below:

12 hour A&E breaches - adults/ children	The proportion of mental health A&E attendances (Type 1 departments) that breached 12 hours for those aged 18 and over/ 0-17
Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	An inappropriate out of area placement for acute mental health IP care is defined as when a person with assessed acute MH needs who requires adult MH acute IP care, is admitted to a unit that does not form part of their usual local network of services and doesn't usually admit people living in the catchment of the person's local community MH service.
Adult mental health inpatients receiving a follow up within 72hrs of discharge	Discharges followed up within 72 hours of discharge from psychiatric inpatient care
Admissions With No Prior Contact (All Inpatients)	Admissions with no prior contact with community MH services
Adult Acute Long Length of Stay (60 Days +)	Rate of people discharged per 100,000 in the RP from adult acute beds aged 18 to 64 with a length of stay of 60+ days
Adult Acute Long Length of Stay (90 Days +)	Rate of people discharged per 100,000 in the RP from older adult acute beds aged 65 and over with a length of stay of 90+ days

In addition, the ICB System Performance Committee has oversight of the performance against the national standards as does the ICS Mental Health Programme Board. Performance with individual providers is monitored through contracts as routine. Metrics are scrutinised at a provider level, ICB level and benchmarked with comparators across the Midlands.

As part of the ICS Community Mental Health Transformation Framework Programme there is a specific work stream Evaluation, Outcomes and Performance Quality (EOPAQ) group. This group has been established to locally determine additional measures and metrics to demonstrate the impact of the programme, including those developed by patients and family and carers, in addition to the nationally mandated measures.

We will look to include these metrics within the regular performance report from the ICB moving forward.

c. Mental Health Inpatient Service user satisfaction rating data for 2022 requested



Hospital Inpatient 1
April 20 to 30 April 22



Hospital Inpatient
New 1 May 22 to 9 Se

User satisfaction data is included for the period 1 April 2020 – 9 September 2022. These friends and family reports are shared quarterly across the Trust at various committees, including Trust Quality Governance Committee meetings through to the Care Group Quality Governance Committees and Performance and Quality forums. All services within the Trust can access the survey feedback system at any time.

d. Evidence of transport and support provided for relatives visiting St Georges

Ward staff will do what they can to support visiting arrangements. This is an informal arrangement and is not recorded. Examples of what can be done include being flexible about visiting times.

During the COVID-19 pandemic, MPFT used technology to enable patients to keep in touch with people outside hospital. This will continue.

In response to feedback received during the engagement process about the additional travel that visitors will need to undertake to see their friends and relations who have

been admitted to St George's Hospital, MPFT reviewed its existing transport arrangements.

The only transport arrangements in place are the commissioning of a Non-Emergency Patient Transport Service (NEPTS). This is a non-urgent pre-booked transport service to and from NHS funded points of care (excluding GP appointments) for patients, who are too ill or otherwise physically unable to make the journey themselves.

This policy does not cover visitors and so could not be used in the circumstance under consideration.

So, given the only existing arrangements are not transferrable to this situation, MPFT has drafted a standard operating procedure that will apply only to the programme to find a long-term solution for inpatient mental health services in south east Staffordshire and only to support the transition from one location to the other. (George Bryan Centre to St George's Hospital).

This is being shared with key stakeholders for comment, including the voluntary & community sector. The Overview and Scrutiny Committee is invited to consider a response and the draft SOP is attached. This has not yet been through MPFT's governance arrangements and so can still be influenced. If there is another round of involvement or statutory consultation, this may be used to further shape the standard operating procedure to ensure as many views as possible are considered.

d. (2). Data would be provided re vacancies for the South Staffs mental health services requested.

The Trust is unable to split this data by locality, but below is MPFT data for the Staffordshire and Stoke-on-Trent care group (mental health).



Staff type	Workforce Plan	Current workforce (Aug 2022)	Gap
Medical and dental (substantive total)			
of which Career/staff grades	7.7	4.90	-2.80
of which Consultants (including Directors of Public Health)	16.2	14.64	-1.56
Registered nursing staff (substantive total)			
Community and in-patient Nursing staff	147.02	145.09	-1.93
(blank)	13.3	16.40	3.10
Registered scientific, therapeutic and technical staff (substantive total)	44.27	32.91	-11.36
of which registered allied health professionals	19.15	13.20	-5.95
of which registered other scientific, therapeutic and technical staff	25.12	19.71	-5.41
Support to clinical staff (substantive total)			
of which other clinical support	25.9	21.76	-4.14
of which support to health care scientists and other ST&T	11.14	11.40	0.26
of which support to nursing staff	74.28	67.94	-6.34
Total NHS infrastructure support (substantive total)			
of which Admin and Estates staff	0.8	0.80	0.00
			0
			0



A major challenge is the difficulty of recruiting staff. Nursing staff, including mental health nurses, are on the national shortage occupation list. Allied Health Professionals and Band 8A Psychologists are also on the shortage list.

In terms of recruitment to support sustainability, MPFT is currently running a huge recruitment drive. It has employed a talent acquisition specialist to support advertising and to seek out people from different employment backgrounds, not just the NHS. There are also two members of staff dedicated to recruitment supporting the operational managers for services across community and inpatients. They are focusing on areas that have had the most challenge in terms of workforce replacement across the whole of mental health inpatient and community services.

There are no national staffing tools for Community MH service with the exception of IAPT where the provision is compliant. However, Community MH services have adopted the following strategies for workforce

We have 4 Integrated neighbourhood teams across Southern Staffordshire, MPFT have utilised Mental Health weighted population index when reviewing the composition and size of our community teams to ensure the right resource across our geography

- Caseloads are RAG rated daily to minimise impact on in-patient services
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In order to mitigate workforce risks, MPFT have sub-contracted activity the voluntary sector to work with the NHS in a more integrated way, working to service specifications and providing holistic non-clinical support in areas such as housing, finance and day-to-day living.

e. The longer-term commitment in terms of the Community Mental Health Services.

The Mental Health Investment Standard (MHIS), set by NHS England, requires all ICB's in England to increase their planned spending on Mental Health services by a greater proportion than their overall increase in budget allocation each year. The MHIS compliance statement is a statement to the public from NHS commissioners of healthcare (ICB) stating whether the ICB has met the MHIS.

Section 2.4.5 in the business case outlines how integrated working has been implemented, and section 4.5.3 provides details about the work MPFT is doing with the voluntary sector to support each patient in a holistic way. A number of these

contracts are expiring in 2023 – MPFT and the ICB are committed to ongoing investment in voluntary sector services which work in conjunction with the clinical service model.

The LTP's commitment to developing “*fully integrated community-based health care*” involves developing multidisciplinary teams, including GPs, pharmacists, district nurses, and allied health professionals working across primary care and hospital sites.

There are currently (August 2022) 11 whole time equivalent (WTE) Mental Health Practitioner roles in place within primary care networks across the MPFT geographical area. These roles are jointly funded by primary care.


There are an additional 15 WTE practitioners due to start in October 2022. They will be further expansion in 2023/24. The Staffordshire and Stoke-on-Trent ICB are currently in discussion with Mercian PCN around 2 WTE practitioners that have yet to be agreed to be recruited too.

f. Clear transport policy needed to look at impact on visitors due to a centralised site.

Please refer to section (d) for a response related to transport impact.

g. Clarity whether the Community Services were ringfenced.

The change from assessing and treating people in the ward at the George Bryan Centre to treating them in the community was in line with the general move towards mental health care based in the community wherever possible. Staffordshire and Stoke-on-Trent have secured funding to implement this national model locally, with the following figures showing the new money associated with Community Mental Health Transformation for all adults with severe mental illness (SMI) including older adults, called Service Development Funding, this is ring fenced for this purpose only. We have also shown in the table below the existing spend on community mental health services, adult community crisis and improving access to psychological therapies (IAPT), across the ICB. These services form part of the Mental Health Investment Standard (MHIS) as outlined in section e. The table below demonstrates our increasing investment in community mental health services.



Community Mental Health Expenditure 2019/20 to 2022/23

		2019/20 £000's Recat Plan	2020/21 £000's Recat Plan	2021/22 £000's Actual	2022/23 £000's Forecast
1. Community A – community services that are not bed-based / not placements (MHIS = Mental health Investment Standard)	MPFT	0	0	19,214	20,999
	NSCHT	0	0	21,894	23,209
	Other Providers	0	0	7,842	9,546
	Provider Split Unavailable	50,325	54,337	0	0
	Sub Total - MHIS	50,325	54,337	48,950	53,754
Adult Community Crisis	MPFT	0	0	2,114	2,457
	NSCHT	0	0	2,409	2,470
	Other Providers	0	0	863	1,050
	Provider Split Unavailable	3,488	4,285	0	0
	Sub Total - MHIS	3,488	4,285	5,386	5,977
Improving Access to Psychological Therapies (IAPT)	MPFT & NSCHT	11,666	14,536	14,544	14,736
	Provider Split Unavailable	0	0	0	0
	Sub Total - MHIS	11,666	14,536	14,544	14,736
Adult Mental health Community (SDF & SR) (SDF = Service Development Funding)	MPFT	0	0	1,048	2,573
	NSCHT	0	0	1,048	2,573
	Other Providers	0	0	75	75
	Provider Split Unavailable	0	0	0	0
	Sub Total - SDF	-	-	2,171	5,220
TOTAL Community Mental Health	MPFT	11,666	14,536	36,920	40,764
	NSCHT	-	-	25,351	28,252
	Other Providers	-	-	8,780	10,671
	Provider Split Unavailable	53,813	58,622	-	-
	Total	65,479	73,158	71,051	79,687

h. Greater detail in terms of the transport mapping.

We recognise that the travel analysis undertaken and included in the appendices is a technical document. As part of any future involvement activity, we will ensure that this information is explicit and accessible for the public.

Sometimes it can be necessary to travel further from home for specialist treatment – for mental healthcare as well as physical healthcare.

From listening to patients and carers since 2019, we have heard that their biggest worry is around travelling to visit loved ones at St George's Hospital in Stafford, compared with visiting the George Bryan Centre.

- We know that public transport does not cover all areas in Staffordshire, which means people need to walk to their local public transport connection or rely on neighbours family members to even start their journey at a local bus stop or at the train station
- Lack of direct services can mean getting two or three buses each way. This is especially difficult for older carers or family members
- Buses don't run all evening, so it is hard for some family members to visit in the evenings. This could mean they can only make visits on their days off.
- Traveling by car can take over 50 minutes to travel from some parts of Tamworth to Stafford (no real difference in travel time between peak travel and weekend)
- Because of rising fuel prices, the public have also told us that they are worried about the cost of travel, whether by public transport or by car.

Although some families would experience difficulties with the additional costs and travel time needed to visit loved ones at St George's Hospital, this may be balanced by the advantages for patients in terms of the specialist treatment they can receive there.

i. Technology complimenting human contact – more clarity on this needed.

During the COVID-19 pandemic, MPFT used digital devices, including tablets, to enable people on their wards to speak (and see) people at home. They used a video consultation platform called OneConsultation and Microsoft Teams. This will continue.

MPFT also have a dedicated webpage to support carers with technology and this also signposts to organisations who can provide hands on support if required.

[Digital Training and Support :: Midlands Partnership Foundation Trust \(mpft.nhs.uk\)](https://mpft.nhs.uk)

j. Safety aspects – there is a need to be satisfied.

1 in 5 people will develop a mental health concern during their life. MPFT have been commissioned to deliver a range of services to support the spectrum of provision and complexity that services users may require in the community and in-patient services when required. To support our staff to manage risk and ensure the safety of our staff MPFT have a number of policies designed to keep staff and patients safe, these include health and safety, lone working and risk management.

k. Discussion with wider partners about future commissioning at George Bryan Centre if it were not a mental health inpatient facility along with local need and timescales in ICP.

There are mental health services available in Tamworth locality via a range of community venues. The community mental health team for south-east Staffordshire is currently based at the Sir Robert Peel hospital. We are working with a range of voluntary sector providers who will provide services with a footprint in Tamworth. Tamworth Library and Humankind offices in Tamworth are venues that are currently used in the locality. MPFT have been allocated capital investment through NHS E/I to locate a crisis café in the Tamworth area, we would expect this scheme to be ready in the next 12 months, we are mobilising interim solutions to support the local population.

Conversations about the physical building are out of scope for the ICB and will be led by MPFT following this process.

MPFT is actively working towards bringing Cherry Orchard back on line as an adult mental health community venue and the current plan is to deliver this by March 2023 (subject to planning).

l. Aligning proposals in line with the MH Strategy

The national mental health strategy is to support patients better by caring for them in their usual place of residence as much as possible, with inpatient stays only where there is no alternative.

This business case has been developed in line with the wider strategy for mental health services in Staffordshire and Stoke-on-Trent and the NHS Long Term Plan.

The revised Staffordshire Mental Health Strategy is being led by Staffordshire County Council with support from the ICB. The Strategic objectives and deliverables that are articulated within the NHS Long Term Plan and will be reflected in the new strategy.

We recognise this work has connections with the involvement activity for the Community Mental Health Transformation Programme and the Mental Health Strategy for Staffordshire.

4. Next steps for the programme

- 4.1 NHS England and the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) have agreed to pause the NHSE Assurance Panel planned for September 21st, 2022 relating to inpatient services for adults and older adults experiencing severe mental illness or dementia living in south east Staffordshire.
- 4.2 We jointly agreed that a short pause would allow the ICB to reflect further on the feedback received from our stakeholders. We will look to set another date later this year.
- 4.3 Once the outcome of the NHS England assurance process is known, the ICB will decide whether to proceed with further involvement activity to understand if any new considerations have come forward.
- 4.4 A Decision-Making Business Case (DMBC) will then be developed, which will include outcomes from any further involvement activity.

5. Strategic Plan



- 5.1 On 1 July 2022, Integrated Care Boards (ICBs) replaced clinical commissioning groups (CCGs), becoming the statutory organisations that bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnerships across the Integrated Care System (ICS).
- 5.2 Working with partners in Staffordshire and Stoke-on-Trent, the ICB have agreed on an ambitious vision which is ‘working with you to make Staffordshire and Stoke-on-Trent the healthiest place to live and work.’
- 5.3 Their purpose is as follows:
 - If you live in Staffordshire or Stoke-on-Trent, your children will have the best possible start in life and will start school ready to learn
 - Through local services, we will help you to live independently and stay well for longer
 - When you need help, you will receive joined-up, timely and accessible care, which will be the best that we can provide.

6. Other overview and scrutiny activity

- 6.1 Since 2016, the partnership has attended Committee meetings to update on progress against the transformation programme. Today’s meeting is a continuation of this ongoing conversation.
- 6.2 The most recent update on inpatient mental health services was in August 2022, when the business case was shared with members.

7. Summary

- 7.1 The information outlined above is in response to queries raised by the committee.
- 7.2 We will return to the committee with the outcomes from the NHS England assurance process.

8.0 Contact Details

Steve Grange
Executive Director of Strategy and Strategic Transformation / Deputy CEO
Midlands Partnership NHS Foundation Trust (MPFT)

steve.grange@mpft.nhs.uk

Paul Edmondson-Jones
Chief Medical Officer
Staffordshire & Stoke-on-Trent Integrated Care Board
Paul.edmondson-jones@staffsstoke.icb.nhs.uk

Helen Slater
Head of Transformation
Staffordshire and Stoke-on-Trent ICB
Helen.Slater@staffsstoke.icb.nhs.uk

Jenny Fullard
Communications and Engagement Service Partner
NHS Midlands and Lancashire Commissioning Support Unit
jenny.fullard@nhs.net





