

**Name of meeting:** Cabinet

**Date:** 25<sup>th</sup> July 2017

**Title of report:** Ad Hoc Scrutiny Panel – Adult Mental Health Assessments Findings Report

**Purpose of report**

To present the findings report of the Ad Hoc Scrutiny Panel – Adult Mental Health Assessments and request that Cabinet approve a response to the recommendations of the Panel.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the <a href="#">Council's Forward Plan (key decisions and private reports?)</a>	No
The Decision - Is it eligible for call in by Scrutiny?	No
Date signed off by <u>Director</u> & name	n/a
Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance?	n/a
Is it also signed off by the Assistant Director (Legal Governance and Monitoring)?	Julie Muscroft
Cabinet member <a href="#">portfolio</a>	Adults and Public Health (statutory responsibility)

Electoral [wards](#) affected: All  
 Ward councillors consulted: N/A

Public or private: Public

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## **2. SUMMARY**

2.1 In January 2016, the Chair of the Health and Social Care Scrutiny Panel received feedback from an Elected Member who raised concerns regarding the length of time people had to wait from referral to assessment for mental health problems. Concerns had also been raised elsewhere regarding the perceived difficulties in accessing mental health intervention prior to crisis and how this is prioritised by the respective voluntary and statutory services.

2.2 In February 2016, the Overview and Scrutiny Management Committee formally established an Ad Hoc Scrutiny Panel on the Review of Adult Mental Health Assessments and approved the terms of reference. The Membership would be drawn from the Health and Social Care Scrutiny Panel. The terms of reference are outlined below:-

To understand the pathway for Adult Mental Health Assessments in Kirklees from the initial need for referral to assessment and onto treatment. In particular, to explore the current approach and effectiveness of Adult Mental Health Assessments in Kirklees, this will include:-

### **Service Provision**

- To look at the Mental Health Service provision for Adults in the Kirklees District and to explore any differences between adult mental health services and memory service.

### **Capacity**

- To develop an understanding of the demand on services and the capacity locally to respond; to include accessing private secure facilities and those that are provided by the Trust, public sector partners and the voluntary sector.

### **Access**

- Accessing mental health intervention for Adults – to explore the links between the perceived increased difficulties in accessing mental health intervention prior to crisis and how this is balanced against the increasing need for crisis mental health care.
- To understand how people access services before they reach a crisis point, or if people can only gain help at crisis point, to establish the reasons for this approach.
- To explore and understand the accessibility of services to the public.
- To identify the waiting times for adults to access services - including those that are provided at home, in the context of the timescales from referral to assessment.
- To develop an understanding of the referral process and the volume of referrals, by type in Kirklees.
- To understand the assessments process and the range of clinical input into the process, eg therapeutic input.

## **Performance**

- To undertake an in-depth look at performance targets, how they are measured and performance levels in Kirklees.

## **Research**

- To include research on providers of support for adults with mental health problems.

- 2.3 In March 2016, the Health and Social Care Scrutiny Panel agreed to include Review of Adult Mental Health Assessments on its 2016/17 work programme and monitor the progress of the Ad Hoc Panel.
- 2.4 The Ad-Hoc Scrutiny Panel met between April 2016 and June 2017 to carry out its work and is now taking its findings through the decision making process.
- 2.5 The Ad-Hoc Scrutiny Panel interviewed representatives from the South West Yorkshire Foundation Trust (SWYT), Greater Huddersfield CCG and voluntary support group providers to seek their comments and evidence on accessing mental health provision for Adults and in particular , to explore the current approach and effectiveness of Adult Mental Health Assessments in Kirklees . The feedback and evidence received has been included in the report, together with the Panel's findings and recommendations.
- 2.6 Appended to this report is the findings report of the Scrutiny Panel. A summary of the recommendations arising from the investigation is set out on pages 37 to 39.
- 2.7 An action plan is appended to the Findings report at pages 43 to 58 and includes responses from SWYT. An addendum is attached to the report at pages 40 to 42, which includes additional comments and information received from the Trust in relation to the Ad-Hoc Report.

## **3. Information required to take a decision**

Not applicable

## **3. Implications for the Council**

There are no specific implications for the Council at this time.

## **4. Consultees and their opinions**

N/A

## **5. Next steps**

Following the presentation of the report at Cabinet, the Overview and Scrutiny Management Committee will consider monitoring requirements to ensure agreed recommendations are implemented.

**6. Officer recommendations and reasons**

- 6.1 That the Cabinet note the findings of the Ad-Hoc Scrutiny Panel – Adult Mental Health Assessments and the response on the recommendations from health partner organisations.

**7. Cabinet portfolio holder recommendation**

Not applicable.

**8. Contact officer and relevant papers**

Helen Kilroy – Principal Governance & Democratic Engagement Officer  
Tel: 01484 221000, Email: [helen.kilroy@kirklees.gov.uk](mailto:helen.kilroy@kirklees.gov.uk)

**9. Assistant Director responsible**

Julie Muscroft – Service Director, Legal Governance and Commissioning

# **Scrutiny Review**

## **Adult Mental Health Assessments**

**Helen Kilroy**  
**Governance & Democratic Engagement Service**  
**Civic Centre 3**  
**High Street**  
**Huddersfield**  
**HD1 2TG**

**Tel: 01484 221000**

**Email: [scrutiny.governance@kirklees.gov.uk](mailto:scrutiny.governance@kirklees.gov.uk)**

**Date: April 2017**

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## **GLOSSARY OF TERMS**

<b>CCG</b>	-	<b>Clinical Commissioning Group</b>
<b>DNA</b>	-	<b>Did not attend</b>
<b>SWYT</b>	-	<b>South West Yorkshire Foundation NHS Trust</b>
<b>SPA</b>	-	<b>Single Point of Access</b>
<b>CHLT</b>	-	<b>Care Home Liaison Team</b>
<b>CMHT (OPS &amp; WAA)</b>	-	<b>Community Mental Health Team (Older People's Service &amp; Working Age Adults)</b>
<b>EIP</b>	-	<b>Early Intervention &amp; Prevention</b>
<b>IAPT</b>	-	<b>Improving Access to Psychological Therapies</b>
<b>IHBT</b>	-	<b>Intensive Home Based Treatment</b>
<b>KOT</b>	-	<b>Kirklees Outreach Team</b>
<b>MHLT</b>	-	<b>Mental Health Liaison Team</b>
<b>AMHP</b>	-	<b>Adult Mental Health Practitioner</b>
<b>PTS</b>	-	<b>Psychological Therapy Services</b>



## **CHAIR'S FOREWORD**

I would like to thank all the Members of the Ad Hoc Scrutiny Panel on Mental Health Assessments for their valuable contributions and the time they have given.

I would also like to extend special thanks to the support group providers, service users and carers who willingly shared their experiences. Their openness and honesty in discussing such an emotive and sensitive subject enabled the Panel to gain a much better understanding of what service users and carers have experienced; and continue to experience when accessing essential adult mental health services.

From the evidence presented, the Panel was concerned that there appeared to be a disconnect between the information presented by the service providers and the experiences of service users and those supporting service users. This indicated to the Panel that service providers did not always meet the needs of services users.

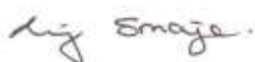
The Panel has now completed its investigation and has made a number of recommendations aimed at improving service delivery and outcomes for service users.

The Panel will be monitoring the recommendations and will once again want to hear the voices of service users, support group providers and carers to learn if, from their standpoint, any improvements have been made.

The Panel recognises that these are difficult and austere times for service providers and commissioners, however it is hoped that improvements can and will be made, to improve service user experience.

I would like to thank officers from the South West Yorkshire Partnership NHS Foundation Trust (SWYT) and North Kirklees/Greater Huddersfield Clinical Commissioning Groups (CCGs) for providing information and attending meetings in a prompt and timely manner; this has been very much appreciated by the Panel.

Finally, I would like to thank the Kirklees Governance Officer, Helen Kilroy, for supporting the Panel.



Councillor Liz Smaje  
Chair of Ad Hoc Panel on Adult Mental Health Assessments  
Kirklees Council

## **1. RATIONALE FOR THE REVIEW**

- 1.1 In January 2016, the Chair of the Health and Social Care Scrutiny Panel received feedback from an Elected Member who raised concerns regarding the length of time people had to wait from referral to assessment for mental health problems. Concerns had also been raised elsewhere regarding the perceived difficulties in accessing mental health intervention prior to crisis and how this is prioritised by the respective voluntary and statutory services.
- 1.2 In February 2016, the Overview and Scrutiny Management Committee formally established an Ad Hoc Scrutiny Panel on the Review of Adult Mental Health Assessments and approved the terms of reference. The Membership would be drawn from the Health and Social Care Scrutiny Panel.
- 1.3 In March 2016, the Health and Social Care Scrutiny Panel agreed to include Review of Adult Mental Health Assessments on its 2016/17 work programme and monitor the progress of the Ad Hoc Panel.

## **2. TERMS OF REFERENCE & METHODOLOGY**

- 2.1 The members of the Ad Hoc Review were:
  - Councillor Elizabeth Smaje (Chair)
  - Councillor Ken Smith (pre-election)
  - Councillor Paul Kane (post-election)
  - Councillor Musarrat Khan (pre-election)
  - Councillor John Lawson
  - David Rigby, Co-optee
  - Sharron Taylor, Co-optee
  - Peter Bradshaw, Co-optee
- 2.2 The Ad Hoc Scrutiny Panel was supported by Helen Kilroy from the Governance and Democratic Engagement Service.

## **Terms of Reference**

To understand the pathway for Adult Mental Health Assessments in Kirklees from the initial need for referral to assessment and onto treatment. In particular, to explore the current approach and effectiveness of Adult Mental Health Assessments in Kirklees, this will include:-

### **Service Provision**

- To look at the Mental Health Service provision for Adults in the Kirklees District and to explore any differences between adult mental health services and memory service.

### **Capacity**

- To develop an understanding of the demand on services and the capacity locally to respond; to include accessing private secure facilities and those that are provided by the Trust, public sector partners and the voluntary sector.

### **Access**

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- To develop an understanding of the referral process and the volume of referrals, by type in Kirklees.
- To understand the assessments process and the range of clinical input into the process, eg therapeutic input.

### **Performance**

- To undertake an in-depth look at performance targets, how they are measured and performance levels in Kirklees.

### **Research**

- To include research on providers of support for adults with mental health problems.

2.3 The Ad Hoc Panel carried out its work between April 2016 and November 2016 and interviewed the following people:-

Date	Witnesses
12 <sup>th</sup> April 2016	John Keaveny, Deputy District Manager, SWYT Sue Sutcliffe, General Manager (Adult Community Pathway), SWYT Alison Gibbons, General Manager (Older Adults Pathway) SWYT Gary Auckland, General Manager (Acute Pathway), SWYT
26 <sup>th</sup> May 2016	John Keaveny, Deputy District Manager, SWYT Sue Sutcliffe, General Manager (Adult Community Pathway), SWYT Alison Gibbons, General Manager (Older Adults Pathway), SWYT Vicky Dutchburn, Head of Strategic, Business Planning and Service Improvements, Greater Huddersfield CCG
26 <sup>th</sup> July 2016	Jane Mackay, Touchstone John Laville, Kirklees Carers Mental Health Forum
7 <sup>th</sup> September 2016	Katie Flynn, Community Links (Clear)
19 <sup>th</sup> September 2016	John Keaveny, Deputy District Manager, SWYT John Price, Consultant Adult Psychotherapist, Site Leader Alison Gibbons, General Manager, Older Adults Pathway Gary Auckland, General Manager, Acute Pathway James Waplington, General Manager, Management Team, Older People's Service, Wakefield Vicky Dutchburn, Head of Strategic, Business Planning and Service Improvements, Greater Huddersfield CCG
10 <sup>th</sup> October 2016	Kirklees Carers Mental Health Forum (contact: John Laville)
20 <sup>th</sup> October 2016	Huddersfield Methodist Mission (Contact: Paul Bridges, Manager)
25 <sup>th</sup> October 2016	Meeting of Minds (contact: Jane Mackay, Touchstone)
1 <sup>st</sup> November 2016	John Keaveny, Deputy District Manager, SWYT Vicky Dutchburn, Head of Strategic, Business Planning and Service Improvements, Greater Huddersfield CCG
<b>Written Feedback was provided by the following Support Group Providers:-</b>	
24 <sup>th</sup> May 2016	Simon Calland, Connect Housing
24 <sup>th</sup> July 2016	Musarrat Khan, Home Group
7 <sup>th</sup> October 2016	Anne Kendall, Horton Housing Association
22 <sup>nd</sup> September 2016	Margaret Carroll, Home Group Hostel

### 3. BACKGROUND

***The National Institute of Clinical Excellence (NICE) guidance:- describes the level of care a service user should expect from adult mental health services. This information covers care and treatment during and after a referral to NHS mental health services, and does not specifically cover 'primary' care from the GP. NICE has also produced a 'quality standard' made up of 15 statements describing high-quality care for adults using mental health services within the NHS in England.***

#### **What is the purpose of a mental health assessment?**

- 3.1 The purpose of a mental health assessment is to build up an accurate picture of a person's needs. Different professionals and agencies provide a range of services, which means the initial assessment may involve one or more professionals, for example a nurse, social worker, psychologist, specialist pharmacist, psychiatrist or a combination of these and other professionals.

#### **Who provides mental health services for Adults in Kirklees?**

- 3.2 South West Yorkshire Foundation Trust (SWYT) are a specialist NHS Foundation Trust that provide community, mental health and learning disability services to the people of Kirklees (as well as Barnsley, Calderdale and Wakefield).

SWYT work with other local NHS organisations to provide health care to people in Kirklees. The Trust also work closely with Kirklees Council's Adult Social Care services and other government departments and voluntary organisations.

#### **Purpose of the Ad Hoc Panel**

- 3.3 The purpose of the Ad Hoc Scrutiny Panel was to understand the pathway for Adult Mental Health Assessments in Kirklees from the initial need for referral to assessment and on to treatment. In particular, the Panel wanted to explore the current approach and effectiveness of Adult Mental Health Assessments in Kirklees.

Based on the feedback received, the Panel are concerned that there is a disconnect between what the Trust and CCGs provided as evidence, when analysed against the feedback received from service users and support group providers. This has indicated that in a number of cases the mental health services do not always meet the needs of service users and that customer satisfaction levels appear to be low. The evidence in the main did indicate to the Panel that customer satisfaction levels were low and specific examples were passed onto the Trust for investigation. A summary of the evidence received from support group providers, service users and carers is outlined in Section 5 (TOR 5) of this report.

The Panel acknowledge, however, that during the course of their deliberations some feedback from Support Group Providers has indicated that some more recent improvements have been observed by them concerning SPA.

#### **3.4 Kirklees Carers Charter**

The Panel noted the work of the Kirklees Carers Charter which had been written by carers. The Charter outlines that during their time as carers they are likely to encounter many professionals. The Charter states that if professionals are 'carer aware', carers can develop positive relationships based on a common understanding of what it means to be a carer.

Greater Huddersfield CCG confirmed that both CCGs had helped to develop the Charter. The Trust advised that funding options and educational programmes were being explored to continue the aims of the Charter. The Trust confirmed that carers were the core part of SWYT's intervention and support services and that SWYT had a Carers Support Service.

## 4. SUMMARY OF EVIDENCE

### **Terms of Reference 1 and 2**

#### **Service Provision**

- To look at the Mental Health Service provision for Adults in the Kirklees District and to explore any differences between adult mental health services and memory service.

#### **Capacity**

- To develop an understanding of the demand on services and the capacity locally to respond; to include accessing private secure facilities and those that are provided by the Trust, public sector partners and the voluntary sector.

### **SERVICE PROVISION**

#### **4.1 Services at SWYT**

The Trust advised the Panel how services are organised at SWYT. The Business Development Unit for Calderdale and Kirklees is split into 4 service lines which include rehabilitation and recovery. The Trust provides CAMHS and other wellbeing services in the area. It was explained that the tripartite arrangements included a General Manager, Psychiatrist and Practice Governance Coach, who manage the services for older adults. The tripartite governance arrangements are in place in each of the 4 service lines.

#### **4.2 SPA (Single Point of Access)**

The Single Point of Access (SPA) has been in place for a number of years and a referral can be made to SPA either over the telephone, by fax or email. Faxing and posting are currently the most popular methods used to make a referral. If emails are received from sources that are considered to be 'unsafe' or 'unknown', they cannot be opened.

In order to comply with Information Governance regulations e-mails are not currently used as a means of referring people by the Trust as there is no guarantee of them being sent and / or being received securely.

SPA's staffing structure was explained to the Panel and the Trust confirmed that clinicians and administrators were on the team. Administrators take initial calls that come through to SPA, but clinicians make decisions and determine the triage arrangements for each referral.

#### **4.3 Review of and communication with Service Users**

The Panel received feedback from a Support Group Provider advising that in their opinion better systems are needed by the Trust to keep service users informed of any changes to their personnel, including what direct impact this has on the individual and what plans are being put in place to manage the challenging circumstances being experienced by some service users. The

implications for the service user of not being kept informed can be serious and may cause added anxiety and stress to them and to those who support them. It can also pose risk if medication is being reviewed and its effectiveness is not reviewed personally with the service user.

One Service User told the Panel:-

“I spoke on numerous occasions to the Care Co-ordinator’s manager regarding my wife’s review, but he and his team were totally unaware of what continuity of care would take place, even on the date of my wife’s next appointment”; and “If a review of a service user is carried out, this should be communicated to them afterwards, including any carers/family members, to ensure that a smooth transition takes place and the service user is kept informed”.

#### 4.4 Dialogue Groups

The Trust set up Dialogue Groups in 2010 for people who accessed mental health services in North Kirklees to give them the opportunity to have their say on issues that affect them. The dialogue groups gave service users the chance to speak face-to-face with Managers of local mental health services, meet other carers who wanted to influence services, raise issues and get answers to their questions.

The Trust advised that Dialogue Groups had been withdrawn 18 months ago and that in their opinion, views had been mixed as to how effective they had been. The Panel was informed that there were no other structures in place to bring together SWYT Managers and service users and carers. The Trust acknowledged that the way Dialogue Groups had been withdrawn had not been done in a very positive way. The Trust explained the existence of a Partnership Board, which was attended by service users, carers and representatives from CCG where experiences were shared.

Feedback from carers indicated that the Dialogue Groups had been withdrawn and that this had become a source of great disappointment. Carers and service users had welcomed the opportunity to meet regularly with representatives of the Trust and raise issues. One support group provider told the Panel “Since the cessation of the Dialogue Groups other groups have formed, for example, Mind2Mind and Kirklees Mental Health Carers Forum by the carers. These groups are far more effective than the Dialogue Groups which were run by the Trust. The groups are now run by service users and carers. It would be unwise to revert back to Dialogue groups which were a one way communication exercise. The current groups invite who they want to speak to and challenge on issues that are important to them. The Kirklees Mental Health Carers Forum has had a much greater access to Trust Senior Management, including the Chief Executive, than the former Dialogue Groups, and have had their questions answered by the people who can most affect change within the Trust. The Trust now attend the Kirklees Mental Health Carers Forum for advice on the feasibility of changes and planned transformations”.



#### 4.5 **Process for Adult Mental Health Patients who present at A&E**

##### **Calderdale and Huddersfield Hospitals**

The Mental Health Liaison Team (MHLT) working in the Calderdale & Huddersfield NHS Foundation Trust (CHFT), have staff sited in both Huddersfield Royal Infirmary and Calderdale Royal Hospital. When a service user has been assessed in A&E and a decision is made to refer them to the MHLT, the team have a target of 1 hour in which to respond with a face to face contact. Where a service user is an inpatient within CHFT and a referral is made to the MHLT, the team have a target response of 24hrs. The team also undertake training of CHFT staff and also offer brief psychological therapy interventions.

One Support Group Provider told the Panel “There can be up to four hours wait between the MHLT conducting their assessment and the referral to the Home Based Team (HBTT). The HBTT are the gatekeepers to access to treatment or hospitalisation and from initial contact with A&E to the point of contact with HBTT can take up to 8 or 9 hours. This is a long time for someone distressed and the impact on their family.”

The Trust responded to advise that The IHBT 4 hour target does apply wherever the referral comes from. However, the team’s feedback, provided assurance that gatekeeping assessment requests from the MHLT are always prioritised and generally are responded to in the first couple of hours. There are also occasions where the presentation and past history mean that a face to face assessment does not need to take place and an agreement for admission is undertaken on the phone between the 2 teams.

##### **Dewsbury and Pinderfields Hospitals**

The Mental Health Liaison Team (MHLT) at the Mid Yorkshire hospital is mobile and travels between both Dewsbury and Pinderfields hospitals, depending on patient need. When a patient presents at A&E, the MHLT will mobilise to the relevant hospital within a 1 hour response time, which is a requirement of the Core Contract.

The mobile response team in Dewsbury and Pinderfields Hospitals has been set up based on the number of people who self-refer. The A&E department maintains responsibility for the safety of the individual until they have been transferred to MHLT. The staff in A&E are given the appropriate training so they have the necessary skills and knowledge required to support patients.

#### 4.6 **Kirklees Memory Monitoring Pathway**

The Panel also looked at the work of the Memory Service. Greater Huddersfield CCG advised the Panel that GPs can make a referral for a Memory Service Assessment, including brain imaging scans. The waiting list for a scan, as at 26<sup>th</sup> May 2016, between 6 and 8 weeks. CCGs and GPs have a shared Care Agreement and the pathway for patients has been agreed in partnership between the CCGs and GPs.

There is no longer a lower or upper limit for referrals to the Memory Service. In April 2016, SWYT advised that the number of referrals coming through was 30% more than they would normally be expected to receive and following an analysis, this had shown that this area was over performing by a significant margin.

In September 2016, the Trust advised that the Memory Service had recently negotiated a transformed memory pathway where activity now focussed on assessment, diagnosis, intervention and discharge back to primary care where there were low levels of need. A rapid access route is available for clients who have accessed the Memory Service previously, meaning they do not have to be re-referred by their GP.

#### **4.7 Mental Health Liaison Team (MHLT)**

In September 2015, the Trust confirmed that there were 4 models of hospital based Liaison Psychiatry Service and these had been outlined within the report to the Panel.

SWYT services are commissioned as Core 24 Liaison Psychiatry Services into Mid Yorkshire NHS Hospital Trust (MYHT) and Calderdale and Huddersfield NHS Foundation Trust (CHFT). Where the commissioning differs between the hospitals, this was described as:-

- Inter CHFT – age range 16+
- Inter Mid Yorks – age range 18-65 years

Greater Huddersfield CCG advised the panel that the referral route, performance targets, outcomes and standards were the same for both MHLT teams at CHFT and MYHT.

#### **4.8 Referral by the Trust to Other Support Group Providers**

The Panel asked about the issue of referral by the Trust to other support group providers. The Trust advised that some mental health services were external to the Trust and that they were not directly commissioned to make a formal referral on behalf of the service user. The Trust explained that SPA staff would offer support or information to the service user, family or carer to access other such services.

SPA could not make a referral to a non-commissioned voluntary service, but the Trust may recommend to a service user that they contact a particular organisation for support although the Trust was not able to exchange information with that organisation. One support group provider told the Panel that “When SPA ask people to self-refer to us they do not automatically share any information with our organisation in terms of the assessment they have completed for the individual, including level of risk, etc. Having this information in advance would mean we could more accurately assess the service user’s needs.”

In September 2016, the Trust advised that it wanted to reach out to other support group providers with regards to their expectations on what the Trust could do to help them collaboratively. The Trust confirmed that it was keen to

contact some of the providers who had given feedback to the Panel to further explore the issues that they had raised, for example, the Trust sharing leaflets with service users that contain information about the services that other organisations provide.

## **CAPACITY**

### **4.9 Response Rates**

The Panel was informed of the different types of response rates for mental health referrals and that they are categorised as follows:-

- 14 days (routine referral)
- 6 weeks (target for a small number of services)
- 4 hours (crisis referrals)

Referrals come in via SPA, where as much information as possible is gathered to enable the clinicians to make a decision on the most appropriate referral pathway and timescale for the individual concerned. .

When a patient presents at A&E, the Mental Health Liaison Team has a 1 hour target to carry out an assessment. Once the assessment is made, a decision is taken as to the referral pathway.

SPA has a 24 hour telephone service which is manned during normal working hours. After hours the service is included as part of the crisis service, which is manned by a different set of staff.

### **4.10 Breach Reports**

Greater Huddersfield CCG advised the Panel that Commissioners receive 'breach reports' confirming how many people have been seen in 14 days, how many have not and reasons why. In instances where people are hard to reach, the Trust has an Assertive Outreach Approach with a Multi-Disciplinary Engagement Team. Part of the screening includes those people who are subject to the Mental Health Act.

### **4.11 FEEDBACK FROM SUPPORT GROUP PROVIDERS AND SERVICE USERS**

The following issues were raised by Support Group Providers, service users and carers:-

- When a review of a service user takes place, Support Groups do not always receive any follow up communication confirming what was discussed and agreed. The outcome should be communicated to the patient and any carers/family members (where consent has been given). Services users should not be left 'in the dark' once their review has taken place, leaving them wondering what will happen next;
- Some support group providers are not convinced that when new staff come into SPA, they are adequately trained and inducted on the correct

processes to follow and services available for people with mental health concerns;

- SPA did not give advice or recommendations on alternative support groups that might be able to help an individual. If SPA cannot help a person, Support Group Providers often have to use their own experience and knowledge to decide how best to support an individual;
- When SPA advise a service user to self-refer to a Support Group, who may have no knowledge of the service user a process is needed for sharing information. Service users can be left with the impression that they will be contacted by the Support Group who may have no knowledge of the service user. Providers felt that SPA staff should explain the process of self-referral to Service users so they are clear what they need to do, for example, leaflets could be provided which give further information about who service users need to contact and what services are provided;
- If service users had been supported by SPA to complete the referral to them, they would have accessed the service and received support much earlier and when they really needed it;
- A provider fed back to SPA that they felt there had been some improvements in terms of SPA workers referring people directly, rather than signposting them to self-refer. Less people were being referred for services that the organisation did not provide, however, these improvements are inconsistent;
- When SPA advise a caller to contact a Support Group, there is no follow up by the Trust to establish an outcome. The provider suggested that a communication could be sent from SPA to the provider via an email or telephone call, giving information regarding a service user which would give the provider the 'heads up' before a service user makes contact;
- There is a lack of clarity among service users about what the SPA team is for, which makes it challenging for service users when they ring SPA only to be told that SPA cannot help them;
- Some people do not know who to call when they feel their health is deteriorating and know that they are becoming unwell;
- Patients are often discharged early from the Dales Unit because they have support at home or they have taken the word of an unwell patient who wants to leave and they do not inform or discuss the matter with the carer or family member;
- There appears to be a lack of communication between the Intensive Home Based Treatment Team (IHBT) and the different departments and issues around referral to IHBT for out of hour's treatment; staff seem eager to hand patients over to Day Services and some Providers feel this has become worse since the demise of the Crisis Intervention teams. The Trust have responded to advise that there has not been a demise of the crisis intervention teams, but that they have had a name change.
- There have been cases where providers have been asked to call the HBTT before the normal working day has finished, only to be told by the HBTT that the Care Management Team should still be dealing with the matter; the Trust have responded to advise that this is the correct approach.
- Adults suffering from mental health problems had indicated that they often find it hard to talk to family members about the difficulties they are

- experiencing and that there appears to be no help for family or friends to raise awareness of mental health;
- Carers had valued the former Dialogue Groups, which had enabled them to meet regularly with representatives from the Trust and discuss issues of concern or challenges and problems that they were experiencing and discuss solutions.

#### 4.12 FINDINGS OF THE PANEL

Based on the feedback received, the Panel feel that there is a disconnect between the Trust supporting people to make contact with other organisations for help and letting them know that they had made a referral. One support group provider told the Panel that “People have been under the impression that SPA had put their referral into a support group provider on their behalf, and have then contacted us after several weeks to ask why they hadn’t been assessed.”

The Panel suggests that it would be useful when recommending a self-referral to a service user, if SPA could contact the relevant organisation to give them details of the service user thus providing a more proactive approach to making referrals and assisting service users.

The Panel agreed that it was essential to keep service users informed of changes to their personnel, including what direct impact this would have on the service user and what plans were being put in place to manage the specific difficulties.

The Panel agreed that people suffering mental health problems, but who are not eligible for a Care Co-ordinator, are most likely to benefit from a ‘helpline’ which can support and signpost them appropriately to other relevant support groups.

The Panel agreed that the approach and service delivery by GP’s must be consistent because GPs are the main point of contact for service users. The Trust advised that 70% of referrals were from GPs. The Panel noted that GPs have oversight of their patients and need information to be passed to them by the Trust, but also need to know where best to refer patients with mental health problems. The Panel also agreed that GPs need to be fully up to date with all Mental Health Services and referral pathways. The Trust have responded to the report to advise that GP’s are always sent patient information and assessment reports which include details of outcomes, including details of referrals to other organisations and copies of letters which have been sent to service users.

The Panel is concerned that the Dialogue Groups have been withdrawn and the implications that this has for carers and other individuals who now have no other opportunity to meet with representatives of the Trust and discuss their concerns. The Trust advised that the Dialogue Groups had been withdrawn 18 months ago but feedback from disappointed carers had indicated that this was without any consultation and with little notice.

The Panel agreed that the Trust and CCGs should look at a mechanism for sharing information with Support Group providers that is within the law, but that takes a sensible and common sense approach to helping a service user.

The Panel appreciated the need for confidentiality and data protection, however, suggested that SPA could ask the service user for permission to share their details with a support group provider.

The Panel felt that the Trust should effectively utilise support group providers and carers as they have a huge part to play in intervention and could also prevent people reaching crisis point if they are effectively supported.

The Panel agreed that the final report should be shared with GPs to get their views and comments on the issues surrounding mental health services for adults.

The Panel felt that the Trust should have better processes in place for support to carers, including giving direction to other suitable Providers. The Panel agreed that better communication is needed by the Trust with service users and carers as according to feedback that the Panel has received, performance appears to be patchy', inconsistent and sometimes inadequate.

## **RECOMMENDATIONS (TOR 1 and 2)**

### **SERVICE PROVISION AND CAPACITY**

#### **Communication**

1. That letters are sent as a matter of routine courtesy to service users and carers (where consent has been given) following review meetings, stating the outcome of the discussion, a plan of action and any details or changes to medication or personnel. A record should be kept on the patient's records that this information has been sent to the service user.
2. That the Trust and CCGs should consider providing a 'helpline' facility for service users and carers to call if they need psychological support by having someone to talk to who will be able to listen to their concerns and offer advice on how they may practically help themselves. That the Helpline facility gives details of other quality assured Support Groups who may be able to help.
3. That when SPA staff refer service users to alternative quality assured Support Group providers, they should ensure that they explain the process to the individual so it is clear when there is a need to make a self-referral and how to do this; that there is an explanation of how to self-refer to other Agencies on the Trust's website and also available in written form, for the benefit of service users and carers.

#### **Working with Voluntary Sector Providers and information sharing**

4. That the Trust provide clear guidelines about information sharing with Quality Assured Support Group Providers and are maintain regular dialogue with them to share information on the services available to people with mental health problems.

5. That the Trust build into mandatory training for SPA staff a greater awareness and knowledge of what services are available locally for people with mental health problems, so they are able to signpost them appropriately.

### **Referral by GPs**

6. That the Trust and CCGs improve awareness raising with GPs concerning the range of pathways to access Mental Health Services for patients thereby assisting GPs to take a consistent approach to supporting people with mental health concerns.

### **Joint working and interaction between Intensive Home Based Treatment Team (IHBT) and Care Management Home Teams**

7. That there is continuity of service available 24 hours a day across the Home Based Treatment Team and Care Management Home Team; that when day services become 'out of hours' information regarding a patient should be handed over; and that this process is measurable by the Trust.

### **Support Forums**

8. That the Trust consider introducing and supporting forums to address the disconnect in communication between the Trust, carers and service users so that they can speak face-to-face with Managers of local mental health services, meet other people who want to influence services, raise issues and get answers to their questions.

### **Support to families and carers**

9. That the Trust and CCGs consider how they can help to raise awareness of mental health services for affected families and friends, for example, information that is displayed on the Trust's website or leaflets should be better promoted so that people know the information is available.

### **Terms of Reference 3**

#### **Access**

Accessing mental health intervention for Adults – to explore the links between the perceived increased difficulties in accessing mental health intervention prior to crisis and how this is balanced against the increasing need for crisis mental health care:-

- To understand how people access services before they reach a crisis point, or if people can only gain help at crisis point, to establish the reasons for this approach.
- To explore and understand the accessibility of services to the public.
- To identify the waiting times for adults to access services - including those that are provided at home, in the context of the timescales from referral to assessment.
- To develop an understanding of the referral process and the volume of referrals, by type in Kirklees.
- To understand the assessments process and the range of clinical input into the process, eg therapeutic input.

#### **4.13 Referrals to SPA and the ‘Journey of a patient’**

In May 2016, the Trust confirmed that the referral rate through SPA fluctuated significantly and that there were approximately 700 referrals per month through SPA. Partner agencies involved in referrals included a number of agencies and services, including the Police, Local Authority, Gateway to Care and Midwifery staff and that 70% of referrals came from GP’s.

Of the 700 referrals, the Trust confirmed the following statistics in relation to patients with dementia:-

- 165 referrals in April had been referred to the Older People Service, including the Memory Service;
- 300 referrals were for adults of working age.

In September 2016, the Trust explained that work was currently under way, primarily with GPs, to make sure that the service users understood the referral process and what was expected of them, as well as what they could expect to happen from the point of referral.

Contact telephone numbers for IAPT (Improving Access to Psychological Therapies) are advertised within public places, for example, GP surgeries, supermarkets and community centres. SWYT also have a website where referrals can be made online.

If SPA receive a repeat referral and the service user has a Care Plan already in place, it will be clear what they need in terms of help and support and they are fast tracked through the system.



A Provider from a Support Group advised that on a number of occasions staff at SPA had refused to take telephone referrals. The Panel was concerned that many organisations no longer had fax machines and relied heavily on email communication. The Panel agreed that referrals should be able to be made via email as well as by telephone.

SPA is a 24 hour telephone service which is manned during normal working hours and after hours the service is included as part of the crisis service, which is a different set of staff. The Trust explained that it would be useful if they could receive details of where the service received by clients or support groups had not been satisfactory and why, so that these instances could be investigated. The Panel shared evidence with the Trust which had been received by the Panel from Support Group Providers, service users and carers. The Trust clarified that if anyone who rings to make what is agreed with the caller to be a crisis referral, they are able make that referral over the phone.

The Panel were concerned that significant feedback from service users has indicated that they can become frustrated and upset when they have to constantly repeat their circumstances when they contact SPA on more than one occasion, often causing unnecessary stress and anxiety. One service user told the Panel that “I keep having to repeat myself time after time to every person or team I speak to. It is traumatic and very stressful for me to have to keep reliving my personal circumstances.”

The Trust advised that clinicians at SPA do try and meet the needs of the service user, however, if they ring in a distressed state it is difficult for the Clinician to read the records whilst at the same time talking to the service user. The Trust agreed to remind staff to discuss the importance of stating the reasons for asking for information, which may seem repetitive to service users and carers.

### **SPA Referrals to the Samaritans during out of hours**

Feedback received from Support Group Providers and services users indicated that people who contacted SPA out of hours needing support, had been advised that SPA could not help and that they should ring the Samaritans instead. A number of support group providers told the Panel that: “The Samaritans is a listening service, not a mental health service” and that “Service users have rung for out of hours mental health support, only to be informed that this is not what SPA is for.”

The Trust advised the Panel that it could not find any evidence where SPA staff had referred service users to the Samaritans during out of hours. However, as this matter had been raised by a number of Support Group Providers, the Trust agreed to contact the Samaritans to get feedback on this issue from their perspective. The Trust further explained that people could sometimes contact SPA out of hours wishing to talk to someone who will listen but if an individual required an assessment, the appropriate referral would be made. The Trust advised that contact by the service user could be

made with the Care Co-ordinator during the day and if outside of hours, contact could be made with the Home Based Treatment Team via SPA.

The Ad Hoc Panel commented that it would be worth the Trust further investigating the incidents which had been raised by support group representatives, where service users or carers had been referred to the Samaritans after hours. The Trust confirmed that they were happy to further investigate the incidents, but indicated that they would need the service user's permission to pursue this.

Nationally the Samaritans were part of the wider offer for Improving Access to Psychological Therapies (IAPT), so practitioners from that provider did refer service users to the Samaritans.

In response to the report, the Trust indicated that SPA is a service for triaging referrals and responding to urgent crisis and mental health needs. It is not a telephone support service and the Trust is not commissioned to provide this service in Kirklees.

The Trust also indicated in their response that that if a service user wishes to chat to someone but is not expressing the need for a mental health intervention or an assessment, then they may be given support line numbers but only within that context. The manager of SPA has tried to contact the Samaritans to gain further information regarding possible inappropriate calls directed to them. Currently the manager is having difficulty speaking to the appropriate person but is still attempting to make contact.

### **Early Intervention and Prevention for psychosis access**

Greater Huddersfield CCG advised on new standards for early intervention and prevention for psychosis access and waiting time standards. The Panel noted the report circulated at the meeting by NICE (National Institute for Health and Care Excellence) on 'Implementing the early intervention in psychosis access and waiting time standard: guidance' that as from 1<sup>st</sup> April 2016 more than 50% of people experiencing first episode psychosis would be treated with a NICE Approved Care Package within two weeks of referral.

One service user told the Panel that "Interventions can sometimes mean a quick telephone call to speak to someone who can help, it doesn't always mean the need for anything more than someone simply to listen" and "I don't want a babysitter, I just want someone to talk to who will give me some support and help, why do I have to reach crisis point before anything happens?"

Staff at the Trust would negotiate with a patient on whether they wanted to contact the third sector provider or if they wanted SWYT to make the contact on their behalf. The referral route into IAPT had recently changed and people now had to make a self-referral direct. Referrals to IAPT could go through SPA initially and would then be referred through at the screening stage and fast tracked.

#### **4.14 Did Not Attend (DNA) policy from referral to first appointment**

If a service user does not attend an IAPT appointment during treatment, a first attempt is made via telephone contact to rearrange the appointment. If contact failed, the service user is sent a letter asking them to contact the service to re-book within 10 days. The service user is discharged from service if they fail to make contact. The service user can re-enter the service at a later date via self or GP referral. One service user told the Panel “If I’m having a really bad day sometimes I can’t even get out of bed and if I miss an appointment 3 times I have to start the whole process from scratch, this is extremely stressful for me”

The Trust explained that the DNA policy reflects the National Practice for IAPT services.

#### **4.15 Process for Preventing People Reaching Crisis Point**

The Panel considered the process for preventing people reaching crisis point, the arrangements that were in place and what action was taken when a patient has a relapse following discharge from the service. One carer told the Panel that “People would often not reach crisis point if they received the right level of support early on and carers can help to facilitate this.”

Patients in crisis were normally referred via their GP or IAPT. The Kirklees Insight (early intervention and psychosis) Team supports the early identification of psychosis in young people aged 14-35. The team provide psychosocial interventions (treated and preventing a condition using educational and behavioural approaches) to improve the long term outcomes for people experiencing psychosis. The team supports people’s treatment and recovery outside of the mainstream mental health system. People can access this service by self-referral and do not have to be referred by a health professional. Crisis referrals usually come via the GP but may come as an incorrect pathway referral via the self – referral IAPT route. IAPT is not commissioned or designed to take crisis referrals but will signpost referrers and clients to SPA or IHBT.

The Trust wanted to highlight that EIP was not a crisis service and works with a different section of the community than IAPT and is subject to very different referral and admission criteria.

Service users at any time, hitting any point of the service can be referred on to IHBT.

People in crisis already within the system are assessed as to whether they meet the criteria for a Care Programme Approach (CPA), or if the individual is in high level of breakdown, the Trust would usually discuss a Crisis Contingency Plan (CPA) where contact could be made if needed in crisis. People with a CPA have a very serious history of breakdown and a robust system is in place with the appropriate mental health services to help them.

The CCG do commission other services separately from those of the Trust who can intervene or that people can go to for support. The Panel received feedback from a support group provider which advised that “We are not mental health professionals but do have significant experience in dealing with people who have mental health problems, some of whom are in mental health crisis and distress. As a team we have felt that we have not been listened to and our experience and information disregarded.”

The Trust advised that an IAPT Practitioner had visited people within their homes, workplaces and schools to talk about good mental health and effective early intervention. The Trust was also discussing early intervention with Kirklees Neighbourhood Housing.

#### **4.16 Dual Diagnosis**

The Panel were concerned that feedback received from a Support Group Provider had indicated that people with both mental health and addiction problems were often told to sort out their addiction problems, before they would get treatment by the Trust. One support group provider told the Panel that “When a person has mental health and addiction issues they are usually inter-related and cannot be dealt with as separate issues:”

Greater Huddersfield CCG advised that if someone has an addiction and will not engage with the Mental Health team, their addiction will be treated first. The Trust do not provide additional services in Kirklees for addictions, but do have a Dual Diagnosis Psychiatrist and an Advanced Nurse Practitioner who both work across Lifeline and On-Trak. If an individual has a mental health disorder and an addiction, the Trust will provide a service under care management, but do not have a specific addiction service. If an individual is not in control of their addiction, the Trust cannot help them.

Lifeline are an organisation that provide help for people with drug and alcohol dependency. If an individual presented at A&E with alcohol addiction issues, the nurses and the Mental Health Liaison Team would work together to decide on the best course of action to help the individual.

There is a Kirklees Community Directory available on the Kirklees Website that holds information regarding local support groups. The Directory includes details of the Community Links Dual Diagnosis Service that supports people aged 16 and over with moderate to severe mental health and co-existing substance misuse problems (dual diagnosis) in the Kirklees area.

### **FEEDBACK FROM SUPPORT GROUPS AND SERVICE USERS**

4.17 The following key issues were raised by Support Group Providers, service users and carers:-

- People often ring SPA as a last resort if they are in crisis, but are dismayed to be then advised that they should call the Samaritans;

- Some service users had talked a great deal about needing some level of consistency and continuity and not knowing who will answer the telephone is a source of great anxiety and often prevented people from calling;
- Service users, carers and advocates indicated that would prefer to be able to speak to the same contact at SPA, where at all possible, to ensure continuity of care and would benefit from having one designated person at SPA who can be allocated as their main point of contact for future enquiries;
- People with alcohol dependency, who have mental illness are often refused help and support until they have dealt with their addiction;
- Carers had indicated to the Panel that they do not feel properly listened to when they are trying to get help for someone who is experiencing mental health problems, who has not yet reached crisis;
- Service users advised that when they are declined support, there is no follow up and they are left to manage things for themselves. One person advised that they “either need to get more ill or sort themselves out” and felt quite abandoned by the services;
- SPA cannot speak to the carer if the service user will not accept the support. Carers felt that SPA do not listen to them and in their opinion as carers they had the greatest familiarity with the patient and are best placed to know when their health is deteriorating;
- SPA is a consenting service, meaning the individual has to give their permission to be referred. At a point of crisis and acute mental health distress, the individual may not be able to give their consent; they may also not believe there to be any need for mental health services despite presenting with obvious distress, delusional beliefs and extreme behaviours).

#### 4.18 FINDINGS OF PANEL

The Panel are concerned that staff at SPA have, according to feedback received, advised people to ring the Samaritans during out of hours. The Panel note that the Samaritans is not a mental health service.

The Panel suggested that the DNA Policy could be amended to include a second attempt to telephone the service user to re-book a missed appointment, or alternatively contact could be made with the referrer as a follow up. The Panel are concerned that people who are experiencing mental health problems may not be able to keep an appointment for a variety of reasons, sometimes to do with their current state of health and felt that this should be taken into account by the Trust.

The Panel agreed that early help and intervention is essential in attempting to prevent a service user from reaching crisis point and sometimes in very serious cases results in them having to be admitted to hospital, sectioned or arrested when the right support has not been put into place.

The Panel recognised that carers are often the ones with the best knowledge and experience of the individual experiencing mental health problems and are best placed to know when their health is deteriorating. The Panel also recognises that when carers feel that they have not been kept informed

regarding the patient's circumstances, they are unable to help and support them effectively and this can be extremely stressful and upsetting for them.

The Panel recognised that the issue of consent is a complex area that requires careful consideration by the Trust. The Panel agreed that some cases warrant the due consideration by the Trust of a different or more co-ordinated approach for dual diagnosis, where mental illness is superimposed by substance misuse.

In response to the report the Trust indicated that the issue of consent is a highly complex and contentious issue in some cases and staff are aware of the need to engage carers in care planning where it is possible and agreed to do so. Where consent is not given by a patient, Trust staff consider if it is possible and clinically advisable to breach confidentiality. This is a matter which requires careful professional consideration.

## **RECOMMENDATIONS (TOR 3)**

### **ACCESS**

#### **Contacting SPA**

1. That SPA staff make an acknowledgement where the records show a caller has rung before and briefly explain that there is a record of their call; and that an explanation is given to the service user as to why the same questions may be being asked again to assure the individual that they are taken seriously and that their details are being recorded.

#### **Dual Diagnosis**

2. That the Trust give greater clarity to service users and the Panel on the process for the management of dual diagnosis and whether more timely treatment could commence through the simultaneous treatment of both conditions and by providing integrated pathways for people with dual diagnostic needs.

#### **Help when in crisis**

3. That the Trust provide more information and clarity for service users and carers on the process for what might happen if someone reaches crisis (who should they contact, what can they expect to happen, who might be involved, eg police and duty social workers) that this information is available in a leaflet form and online in plain language; and that anonymous case scenarios be used to describe certain situations and experiences that others can relate to.
4. That the Trust is more pro-active in getting GPs and Social Workers involved in liaising with carers and family members, particularly when people are in crisis, and are able to show how this has been managed.

## **Terms of Reference 4**

### **Performance**

- To undertake an in-depth look at performance targets, how they are measured and performance levels in Kirklees.

#### **4.19 KPI's for Improving Access to Psychological Therapies (IAPT)**

Greater Huddersfield CCG advised that KPIs for IAPT services have evolved nationally over the last 8 years. NHS England set, monitored and reviewed the performance targets for IAPT and they currently focus around access, waiting times and recovery. Monthly discussions are held internally at the Trust in meetings with CCG's to review the KPIs.

#### **Monitor KPIs 15/16**

KPI	Percentage
EIP Waits was only reported to monitor from Q3	
KPI	Percentage
7 Day Follow Up (95%)	98.31%
DTOC (7.5%)	3.07%
Gatekept Admissions (95%)	97.47%
CPA Patients with a Review in 12 Months (95%)	96.32%
IAPT Waits - Seen within 6 Weeks	86.74%
Seen within 18 Weeks	99.45%
EIP Clock stops with a maximum wait of 2 weeks	71.43%

#### **4.20 DNA (did not attend) Data**

DNA data for August 2016 showed that 37 people had dropped out of treatment, which equated to around 9% of people within treatment. DNA prior to first contact in Quarter 1 was 1790 people who were referred into the service; of these 221 failed to make contact prior to the first treatment appointment, which equated to approximately 12%.

#### 4.21 Care Programme Approach (CPA)

In May 2016, SWYT confirmed that:-

- approximately one third of current mental health service users had a Care Programme Approach (CPA);
- there were 4800 active mental health cases in Kirklees, with just over 1500 on CPA who would have a Care Co-ordinator.

#### 4.22 Service models in Acute non-mental health Hospitals

In September 2016, Greater Huddersfield CCG confirmed that patients in acute, non-mental health hospitals should not see a change in the service model. A team of staff will move accordingly across the Dewsbury and Wakefield hospital sites. The Mental Health Liaison Team (MHLT) working in the Calderdale & Huddersfield NHS Foundation Trust (CHFT) have staff sited in both Huddersfield Royal Infirmary and Calderdale Royal Hospital. Performance data showed that the teams met the target of 90% for referrals seen within 1 hour. The Calderdale and Kirklees team have recently altered the staff rota to increase the number of staff available between the hours of 10am and 2am, due to activity monitoring showing this period to be the highest for referrals from A&E.

#### 4.23 Activity Data for 2015/16

The Trust provided performance information for 2015/16, as follows:-

<b>Activity Data for 2015/16</b>		
<b>Area</b>	<b>Data</b>	<b>Total</b>
	Number of Referrals	28797
	Number of initial attendances	17690
	Number of follow up attendances	142825
	Number of Discharges	29784



## Business Development Unit (BDU)/SPA referrals during 2015/16:-

BDU/SPA Referrals									
Ref Month	Locality	All referrals received	SPA referrals	SPA referrals discharged as inappropriate	% discharged as inappropriate	SPA referrals discharged no further action	% discharged no further action	Total SPA referrals discharged	Total % of referrals discharged from SPA
	TOTAL	28797	9211	94	0.33%	1988	6.90%	2082	7.23%
Notes									
1) "All Referrals Received" are all those received into the BDU. It is assumed for reporting that these have come via the SPA as to avoid duplication of referral numbers									
2) "SPA Referrals" this is a count of referrals that came into the SPA and were dealt with by the SPA team, they were therefore either discharged as inappropriate, transferred to IHBTT or assessed and treated by the SPA team and discharged as complete.									

The performance data below relating to SPA referrals which had been transferred to other services following discharge and also the examples of where service users had been signposted to other organisations by SPA and this information had been based on an internal audit.

### SPA referrals transferred to other services following discharge in 2015/16:-

SPA Referrals by Discharge Reason		
Initial Team	Discharge Reason	Total
Kirklees SPA	Admitted to MH hospital	222
	Advice only – Intervention complete	53
	AMHP MHA	7
	Client denied further appointments	51
	Inappropriate referral – no further action	105
	Intervention complete	417
	Other	676
	Patient death	10
	Referred on to Crowtrees Team (OPS)	136
	Referral onto IAPT	1525
	Referred onto Insight Team	42
	Referred on to CMHT (OPS)	430
	Referred to Care Home Liaison Team - OPS	420

	Referred To CMHT (Adult)	1646
	Referred To Drug & Alcohol Services	26
	Referred to Memory Service	1123
	Referred To Psychology	1170
	Service User Refused Contact	43
	Signposted to non trust agency	604
	Standard Letter Sent - No Response	266
	Transferred/moved out of area	8
<b>Kirklees SPA Total</b>		8979
<b>Grand Total</b>		8979

**Mental Health Liaison Team (MHLT) referrals seen in 1 hour during 2015/16:-**

	Seen in 1 Hour	Seen in 1hr 30mins	Seen in 2hrs
<b>TOTAL</b>	<b>1899</b>	<b>1899</b>	<b>1899</b>
	<b>1723</b>	<b>1806</b>	<b>1831</b>
	<b>90.73%</b>	<b>95.10%</b>	<b>96.42%</b>

Performance is measured at 90% compliance within one hour

#### 4.24 Independent Audit of SWYT's Performance

The Ad Hoc Panel raised concerns regarding SWYT's 90% overall satisfaction rates, considering the level of issues raised within the evidence from support group providers and service users.

In September 2016, the Panel had a discussion with the Trust and Greater Huddersfield CCG regarding independent audits of SWYT's performance. The Panel considered the CQC report on mental health services and health based places of safety, which outlined their findings of an inspection of SWYT undertaken in March 2016. In January 2017, the Panel received a copy of SWYT's response to the recommendations from the CQC Inspection. The Panel was advised that the Trust had not undertaken 'mystery shopping' of its own services. An internal audit of performance was undertaken by the Trust on a daily basis by Management. Representatives from SWYT and Greater Huddersfield CCG confirmed that they had not received any complaints regarding the SPA service.

#### **4.25 Quality of Service at SPA**

The Panel raised concerns regarding the quality of the service at SPA, based on the feedback received. The Trust advised that one of their Managers had spent some time in SPA listening to and observing telephone calls and would where necessary advise a member of staff on different approaches to dealing with the different types of queries from service users. One support group provider told the Panel that “Staff often feel like they are battling through a ‘gatekeeper’ in order to speak to a health professional at SPA” and “Service users feel that not knowing who will answer the telephone is a source of great anxiety and often prevents people from calling.”

The Trust’s Manager had reviewed and was monitoring telephone calls taken at SPA and that this was part of the Trust’s Transformation Programme.

#### **4.26 Trust Complaints Process and customer satisfaction**

The Panel were concerned that feedback received from some Support Group Providers had indicated that where a service user had made a formal complaint, they had been informed that their treatment would be put on hold until the complaint was resolved. The Trust gave an absolute commitment that making a complaint had no impact on care and treatments, so services should never be saying that the complaints process must be completed before treatment can continue.

The Trust have a leaflet regarding the Trust’s Complaints Process which can be found in all SWYT’s services and is available to all service users.

The Panel further explored the following areas with the Trust and Greater Huddersfield CCG with regard to making complaints and customer satisfaction:-

- Red Button Alerts – a system which allowed GPs to log any quality issues or concerns they may have, whilst also including the important feedback from patients, these are picked up by the CCGs and forwarded to the Trust for investigation and response;
- Satisfaction Survey and Complaints – The Trust confirmed that a satisfaction survey is handed to a service user when they come for a visit or appointment.

#### **4.27 FEEDBACK FROM SUPPORT GROUPS AND SERVICE USERS**

The following issues were raised by Support Group Providers, service users and carers:-

- SPA staff can often appear like ‘gatekeepers’ to the mental health services and that Support Group providers often have difficulty getting to speak to a relevant health professional qualified to give advice and support;
- The service from SPA can be ‘hit and miss’ and Service users are often not confident of getting a good response;

- When new staff come into SPA, concerns were raised around whether they are adequately trained and inducted on the correct processes and services available;
- One support group provider advised in October 2016, that in the last few weeks the service and response at SPA had improved;
- Some support group providers indicated that there seems to be a barrier to making complaints to the Trust.

#### 4.28 FINDINGS OF PANEL

The Panel feels that based on evidence received, if employees at SPA are not sufficiently qualified to deal with an enquiry, they should refer the call to a health professional at SPA who is able to give the right advice and support.

The Panel agrees that there is a lack of internal auditing within the Trust and suggests that SWYT should test their own systems and undertake mystery shopping of their services, for example during out of hours.

The Panel agree that the Trust's satisfaction rate does not fit together with the evidence received from support group providers. The Panel looked at the NICE Guidance Statements 5, 6 and 7 which advises that:-

- Statement 5 – “People using mental health services feel confident that the views of service users are used to monitor and improve the performance of services”
- Statement 6 – “People can access mental health services when they need them”
- Statement 7 - “People using mental health services understand the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues”

The Panel agrees that they need to be reassured by the Trust that they are meeting the requirements of the NICE Guidance in respect of Statements 5, 6 and 7.

#### RECOMMENDATIONS (TOR 4)

1. That staff who answer the telephones at SPA should receive mandatory training that includes customer care skills; that mandatory training is refreshed regularly and 'fit for purpose'.
2. That the Trust introduce auditable quality standards for SPA that are outcome based; and that Staff have set processes and procedures they are required to follow and be consistent in the service that they provide.
3. That the Trust consider introducing better mechanisms for auditing their own services, for example, mystery shopping; and that the Trust introduce ways to measure this.
4. That the Trust embed the work of the Kirklees Carers Charter across all aspects of their work and be able to demonstrate how they have done this.

5. That the Trust are able to confirm how they are meeting the requirements of the NICE Guidance Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services Statements 5, 6 and 7 which advise that:-
- Statement 5 – “People using mental health services feel confident that the views of service users are used to monitor and improve the performance of services”
  - Statement 6 – “People can access mental health services when they need them”
  - Statement 7 - “People using mental health services understand the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues”.

## **Terms of Reference 5**

### **Research**

- To include research on providers of support for adults with mental health problems

#### **4.29 FEEDBACK FROM SERVICE USERS, CARERS AND SUPPORT GROUP PROVIDERS**

In May 2016, the Panel agreed to invite representatives from Support Groups to attend the Panel and give an account of their experiences of accessing SPA and the Adult Mental Health Services. A summary of some of key issues raised by Support Group Providers, service users and carers is given in the following section.

##### **4.29.1 Accessing Mental Health Services via SPA**

- Once through to an assessment service users feel as though services were uncoordinated and it was becoming increasingly hard to fit the eligibility criteria set for SPA;
- Some service users ring SPA during an acute crisis and are dismayed to be advised that they should call the Samaritans;
- Clients want SPA to know that they often call as a last option, they have tried everything else and have held off but need to alert somebody to a problem. They feel however that some members of SPA staff think they abuse the service and call too quickly or too often;
- SPA staff should clearly explain the process for self-referral to service users so they are clear what they need to do;
- Service users have rung SPA for out of hours mental health support and been informed that this was not what the service was for and one of the service users in question had been feeling suicidal at the time;
- Staff at SPA have been abrupt with some service users and told them that they could not support them, but had not given advice as to where they could receive alternative support;
- Some examples were given of service users who needed an emergency referral to mental health services and SPA refused to take a referral over the telephone.

The Panel received feedback from a support group provider advising that in their opinion the Trust were trying hard to engage in terms of service changes that they were making, however, when it came to implementing changes on the ground their communication needed significant improvement.

One support group provider advised the Panel that response times for referral to treatment have recently improved and the Trust are endeavouring to respond within 4 hours, compared to previously taking 1-7 days to respond.

### **4.29.3 Confidentiality and Consent**

- If consent is not given by the individual suffering mental health, it is very difficult for carers to get the right support for their loved one and they cannot help if they are not allowed to have the information and are not recognised by the Mental Health Services;
- An individual has to give their permission to be referred and at point of crisis and acute mental health distress, a person may not be able to give their permission. The individual may also not believe there to be any need for mental health services whilst displaying obvious distress, delusional beliefs and extreme behaviours. A Support Group Provider said “SPA will often refer an individual to a non-consenting service, for example the Police, but this has to be a last resort”.
- A carer told the Panel that “It is very hard for me to get the right support for my son when I am not allowed to have the information” and “SPA is an elective service, they can only help if the person who is ill will accept it. SPA can’t speak to the carer if the individual won’t accept the support.”

### **4.29.4 Communication and Continuity**

- Better systems are needed by the Trust to keep service users informed of any changes to their personnel or when a review of their circumstances has taken place, including what direct impact this will have on the individual and what plans are being put in place to manage the situation; people would prefer to be able to speak to the same person at SPA to ensure continuity;
- Service users reported that they would benefit from having one designated person at SPA who could be allocated as their main point of contact for future enquiries.

### **4.29.5 Early Intervention and Prevention**

- Carers do not feel properly listened to and feel they are often the ones with the knowledge and experience of the individual suffering mental health problems and best placed to know when their health is deteriorating;
- People would often not reach crisis point if they received the right kind of support early on and carers can help to facilitate this.

### **4.29.6 Information sharing**

- Information regarding an individual is not shared by SPA with the carer to enable them to keep them up to date on the current treatment/support the service user is receiving;
- When SPA advise a client to self-refer to a Support Group Provider, a process is needed for information sharing to give information of the referral/service user or make a telephone call to give the provider the ‘heads up’;
- Staff at SPA should have sufficient knowledge of what services are available locally for people with mental health problems, so they are able to signpost them appropriately.

- Some support group providers reported that they do not receive advice or recommendations from SPA on alternative support groups that might be able to help an individual. If SPA will not help a person, providers end up having to use their own experience and knowledge to decide what to do next and where to go to for help.
- A carer told the Panel that “Information regarding an individual is not shared by SPA with the carer to enable them to keep up to date on the current treatment/support the person that they are caring for is receiving.”

#### **4.29.7 Only for residents of Kirklees**

- SPA require a person to be resident in Kirklees and registered with a GP. Many people who access support group providers with severe mental health difficulties who come from out of area are not yet registered with a GP and are often homeless when they access support. It is during the first contact with individuals who present as homeless and needing support, that providers first become aware of mental health problems. The individual may be known to mental health services outside of Kirklees and Calderdale and may even have been held under sections of the Mental Health Act. However, if not on the local database (RIO) the individual is treated as not having accessed mental health services before.
- A support group provider advised that the Trust should review its approach to people who are accessing services but are out of area and in their opinion this is a clear gap in service provision.

#### **4.29.8 Dual Diagnosis**

- When an individual has both mental health and addiction issues they are usually inter-related and cannot be dealt with as separate issues. For example, people with alcohol dependency who are suffering mental health problems are often refused help and support until they have dealt with their addiction.

#### **4.29.9 Comments on improvements to services**

A number of Support Group Providers provided positive feedback that some Mental Health Services had recently improved and the key comments are listed below:-

- The Trust agreed to meet with a support group provider to discuss working more closely together, the Provider hopes that this dialogue will help to develop better ways of information sharing particularly around risk management, and also enable discussion of some of their key issues. Additionally, the Provider has seen a greater willingness to have open communication with the Trust about shared clients and this has been of considerable benefit.
- IAPT were invited to a Provider’s team meeting recently and this was positive in terms of explaining about the Provider’s services, finding out more about IAPT and for future collaboration. One of the Provider’s service managers reported that referral waiting times may have decreased and communication has improved.



- A representative from SPA attended another Provider's team meeting where they discussed the Provider's services and they have now started to receive fairly regular referrals from SPA and felt this was much better.

#### **4.30 FINDINGS OF PANEL**

The Panel is concerned that there is a disconnect between what the Trust and CCGs are reporting, when balanced against the evidence received from service users and support group providers. This has indicated that in a lot of cases the mental health services do not meet their needs and that customer satisfaction levels are low.

The Panel are also keen to be assured that the essential role of the carer in supporting a service user is recognised by the Trust and the CCGs.

The Panel agreed that it was encouraging to receive positive comments from some Support Group Providers on recent improvements in accessing SWYT's Mental Health Services and communication from the Trust.

The Panel looked at the NICE Guidance Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services Statement 1 which advises that:- People using mental health services, and their families or carers, feel optimistic that care will be effective. The Panel agree that they need to be reassured by the Trust that they are meeting the requirements of the NICE Guidance in respect of Statement 1.

#### **4.31 RECOMMENDATION**

That the Trust are able to confirm how they are meeting their requirements of the NICE Guidance Statement 1: People using mental health services, and their families or carers, feel optimistic that care will be effective.

#### **4.32 ADDITIONAL INFORMATION**

The Panel invited a number of Support Group providers to give feedback on accessing SPA and mental health services for adults. A document is available recording all the feedback received from Support Group Providers, the details of which have been incorporated into this report.

## 5. SUMMARY OF RECOMMENDATIONS

### SERVICE PROVISION AND CAPACITY

#### Communication

1. That letters are sent as a matter of routine courtesy to service users and carers (where consent has been given) following review meetings, stating the outcome of the discussion, a plan of action and any details or changes to medication or personnel. A record should be kept on the patient's records that this information has been sent to the service user.
2. That the Trust and CCGs should consider providing a 'helpline' facility for service users and carers to call if they need psychological support by having someone to talk to who will be able to listen to their concerns and offer advice on how they may practically help themselves. That the Helpline facility gives details of other quality assured Support Groups who may be able to help.
3. That when SPA staff refer service users to alternative quality assured Support Group providers, they should ensure that they explain the process to the individual so it is clear when there is a need to make a self-referral and how to do this; that there is an explanation of how to self-refer to other Agencies on the Trust's website and also available in written form, for the benefit of service users and carers.

#### Working with Voluntary Sector Providers and information sharing

4. That the Trust provide clear guidelines about information sharing with Quality Assured Support Group Providers and are maintain regular dialogue with them to share information on the services available to people with mental health problems.
5. That the Trust build into mandatory training for SPA staff a greater awareness and knowledge of what services are available locally for people with mental health problems, so they are able to signpost them appropriately.

#### Referral by GPs

6. That the Trust and CCGs improve awareness raising with GPs concerning the range of pathways to access Mental Health Services for patients thereby assisting GPs to take a consistent approach to supporting people with mental health concerns.

#### Joint working and interaction between Home Based Treatment Team (HBTT) and Care Management Teams

7. That there is continuity of service available 24 hours a day across the Home Based Treatment Team and Care Management Team; and that when day services become 'out of hours' information regarding a patient should be handed over; that this process is measurable by the Trust.

## **Support Forums**

8. That the Trust consider introducing and support forums to address the disconnect in communication between the Trust, carers and service users so that they can speak face-to-face with Managers of local mental health services, meet other people who want to influence services, raise issues and get answers to their questions.

## **Support to families and carers**

9. That the Trust and CCGs consider how they can help to raise awareness of mental health services for affected families and friends, for example, information that is displayed on the Trust's website or leaflets should be better promoted so that people know the information is available.

## **ACCESS**

### **Contacting SPA**

10. That SPA staff make an acknowledgement where the records show a caller has rung before and briefly explain that there is a record of their call; and that an explanation is given to the service user as to why the same questions may be being asked again to assure the individual that they are taken seriously and that their details are being recorded.

### **Dual Diagnosis**

11. That the Trust give greater clarity to service users and the Panel on the process for the management of dual diagnosis and whether more timely treatment could commence through the simultaneous treatment of both conditions and by providing integrated pathways for people with dual diagnostic needs.

### **Help when in crisis**

12. That the Trust provide more information and clarity for service users and carers on the process for what might happen if someone reaches crisis (who should they contact, what can they expect to happen, who might be involved, eg police and duty social workers) that this information is available in a leaflet form and online in plain language; and that anonymous case scenarios be used to describe certain situations and experiences that others can relate to.
13. That the Trust is more pro-active in getting GPs and Social Workers involved in liaising with carers and family members, particularly when people are in crisis, and are able to show how this has been managed.

## **PERFORMANCE**

14. That staff who answer the telephones at SPA should receive mandatory training that includes customer care skills; that mandatory training is refreshed regularly and 'fit for purpose'.
15. That the Trust introduce auditable quality standards for SPA that are outcome based; and that Staff have set processes and procedures they are required to follow and be consistent in the service that they provide.
16. That the Trust consider introducing better mechanisms for auditing their own services, for example, mystery shopping; and that the Trust introduce ways to measure this.
17. That the Trust embed the work of the Kirklees Carers Charter across all aspects of their work and be able to demonstrate how they have done this.
18. That the Trust are able to confirm how they are meeting the requirements of the NICE Guidance Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services Statements 5, 6 and 7 which advise that:-
  - Statement 5 – “People using mental health services feel confident that the views of service users are used to monitor and improve the performance of services”
  - Statement 6 – “People can access mental health services when they need them”
  - Statement 7 - “People using mental health services understand the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues”.

## **FEEDBACK FROM SUPPORT GROUP PROVIDERS, SERVICE USERS AND CARERS**

19. That the Trust are able to confirm how they are meeting their requirements of the NICE Guidance Statement 1: People using mental health services, and their families or carers, feel optimistic that care will be effective.

## **ADDENDUM**

In response to the report, the Trust has given further information in addition to the evidence they provided at the Adhoc Scrutiny Panel meetings, which has indicated that:-

The report was discussed at the Trust's Executive Management Team meeting on 12<sup>th</sup> January 2017 and it agreed to:-

- a common aim to improve understanding of services and continually improve service user experience
- note reference to the positive findings in the report
- indicate that the Trust is keen to support greater understanding of the trust and its services for scrutiny, its members and members of the local community
- indicate that the Trust and commissioning partners would welcome the opportunity for further dialogue
- take the opportunity to highlight where information 'might not be accurate'
- take the opportunity to ask for clarification re issues – sources of data re satisfaction with SPA etc.

### **Page 5 - 1.1**

SPA achieved 95.7% of referrals in October and 94.4% in November 2016 for routine mental health assessments being assessed within the 14 day access standard.

### **Page 10 - 4.3**

The Trust has a CPA in place informing patients about changes in care and that this is an integral part of the process, including when personnel changes (eg care coordinator) occur. The exceptions are when Junior Doctors change as part of a training rotation.

The Junior trainee Doctors rotate in and out of the Trust on a regular basis. The Trust will ask the Medical clinical leads to ensure that Doctors rotating jobs, inform patients that changes may occur. Given that some out-patients appointments are every 6 or 12 months it is unfortunately, not always possible to be precise with patients as to the date of any change or the name of any new replacing Doctor.

### **Page 11 - 4.4**

The Trust have worked alongside service users and carers in staff recruitment, service development and discussions sessions relating to transformation. Trust Managers attend the carers support group when invited and are members of the Kirklees Partnership Forum. There is a carer and service dialogue group in place that SWYT staff can link to.

### **Page 15 – Dales Unit**

The Trust always discharges patients with a discharge care plan and will put in place a package of support and care identified to meet that persons needs on discharge. We follow up patients within 7 days of discharge to assess how successful it has progressed. There will be times when the discharge plan breaks down and a crisis plan is in place to enable the patient and family and carers to ask for further support.

Leave patients equally have plans and can contact the wards for support or an early return from leave.

The Dales unit has upward of 50 -60 admission and discharges per month.

### **Page 21 – EIP for psychosis access (2<sup>nd</sup> para)**

The Trust is keen to emphasise that this was IAPT not EIP. As IAPT is a Primary Care, self-referral focused team and therefore needs to respond to volumes of referrals efficiently and effectively.

### **Page 23 - 4.17**

The Trust acknowledges that some referrers and organisations will not fully understand the role of the SPA and what the Trust is commissioned to provide. The Trust agreed that the SPA Manager will work with community groups and provide information to explain the purpose of SPA.

Over a 24/7 period, the Trust have advised that SPA will be unable to provide the continuity of workers and contact to an individual. SPA is a triage and assessment service, not a therapy team.

SPA will accept all referrals and will seek to obtain the service users permission to be contacted and engaged with. The Trust in its meetings with the Panel, reiterated that where a serious crisis issue was immediately identified, SPA will intervene, even if the service user is not in agreement.

### **Page 24 - 4.18**

The DNA policy in relation to IAPT referrals is within the National Guidelines. The Trust's adherence to this ensures NHS England and the local CCG commissioners can assure themselves on a like by like service basis. The Trust already contacts patients referred to non IAPT services, in the way the Panel describes. SPA does offer further appointments (multiple attempts based on risk and other circumstances) when someone DNA's and also try to speak to the service user on the day.

The Panel suggests that IAPT make a second attempt to contact the service.

If a newly referred service user fails to make the first booked appointment a letter is sent to them asking them to re contact the service.

For service users that are part way through treatment, the DNA the Therapist will contact them on at least two occasions and if that is unsuccessful then a letter will be sent asking them to contact the service.

### **Page 30 - 4.28**

The Trust satisfaction rate is taken from nationally derived and independently led surveys.

SPA admin pass service users over to clinicians. Exceptionally a service user may speak to admin and receive what is requested, however service users are not blocked from speaking to clinicians. The only situation that can arise is that the

clinicians may all be on the telephone and so are not immediately available, so service users are informed that they can wait or that we will call them back.

**Page 33- 4.29.3**

The Trust informed the Panel that where a patient poses a significant risk to themselves or others an urgent intervention would take place and this may involve the Police and/or Ambulance services. The Trust Crisis service will always attempt to work with patients and referrers, where possible, to reduce the possibility of Police involvement. We have a link officer in the Police who we explore these incidents with, to enable learning for the future.

**Page 34 - 4.29.7**

The Trust clarified with the Panel that it will assess and consider any non-permanent resident and does so. Services will always seek to obtain information from other Trusts about patients, where it is known they have had previous care and treatment.

## SCRUTINY ACTION PLAN

**Project:** Scrutiny Review - Adult Mental Health Assessments

**Lead Governance Officer:** Helen Kilroy

			FOR COMPLETION			
No.	Recommendation	Directorate and Cabinet Member(s) asked to coordinate the response to the recommendation ?	Response by SWYT on 9 <sup>th</sup> June 2017	Do you agree with the recommendation – if no say why  How will this be implemented?	Who will be responsible for implementation?	What is the estimated timescale for implementation?
1	That letters are sent as a matter of routine courtesy to service users and carers (where consent has been given) following review meetings, stating the outcome of the discussion, a plan of action and any details or changes to medication or personnel. A record should be kept on the patient's records that this information has been sent to the service user.	N/A	Service users, as part of CPA Policy, receive a new or updated care plan as part of any review. Carers would only receive a copy of the plan with the agreement of the service user. The plans are kept on the patients records on RiO.	The Trust's previous response outlines how it meets this recommendation. The Trust monitors the number of clients who are offered copies of care plans that accept them and are sent them.  A report has been requested from Performance & Information team	Sue Sutcliffe	12 months



				who are looking to have this completed by end of July.		
2	That the Trust and CCGs should consider providing a 'helpline' facility for service users and carers to call if they need psychological support by having someone to talk to who will be able to listen to their concerns and offer advice on how they may practically help themselves. That the Helpline facility gives details of other quality assured Support Groups who may be able to help.	N/A	This is a matter for the Commissioners to consider. The SPA service is commissioned and designed to meet the needs of people referred with urgent, serious and enduring mental ill health.	Matter to be picked up by CCG.		12 months
3	That when SPA staff refer service users to alternative quality assured Support Group providers, they should ensure that they explain the process to the individual so it is clear when there is a need to make a self-referral and how to do this; that there is an explanation of how to self-refer to other Agencies on the Trust's website and also available in written form, for the benefit of service users and carers.	N/A	<p>The Trust agrees that its staff need to make it clear to service users and carers about how to self-refer to some community groups. The Trust would not place self-referral information on to its website as it would not be in a position to maintain the accuracy or quality of this material.</p> <p>The Trust confirms it will continue to sign post service users and carers to non-commissioned voluntary services and will interact with those services if it has the explicit permission of the service user.</p> <p>The Trust will continue to review the consistency of support and advice provided by SPA staff and have taken on board the comments of the panel.</p> <p>The recommendation to other voluntary services are focused on those commissioned by the CCG and or social services. This ensures that services that</p>	<p>The Trust agrees that its staff need to make it clear to service users and carers about how to self-refer to some community groups. The Trust would not place self-referral information on to its website as it would not be in a position to maintain the accuracy or quality of this material.</p>		12 months

			<p>meet commissioner safety and quality standards are used. The Trust are not able to recommend non-commissioned services.</p>	<p>The Trust confirms it will continue to sign post service users and carers to non-commissioned voluntary services and will interact with those services if it has the explicit permission of the service user.</p> <p>The Trust will continue to review the consistency of support and advice provided by SPA staff and have taken on board the comments of the panel.</p> <p>The recommendation to other voluntary services are focused on those commissioned by the CCG and or social services.</p>		
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				<p>This ensures that services that meet commissioner safety and quality standards are used. The Trust are not able to recommend non-commissioned services.</p> <p>The Trust has carried out an audit focused on whether SPA support and information to agencies is adequate. Audit attached and will be repeated later in the year.</p> <p>Please note response by data protection manager in recommendation 4.</p>		
4	That the Trust provide clear guidelines about information sharing with Quality Assured Support Group Providers and are maintain regular dialogue with them to share information on the services available to people with mental health problems.	N/A	The Trust can consider how to share information with “quality assured” and commissioned providers. However, due to the patient confidentiality, additional safeguards would also need to be in place.	Our information governance and data protection manager states as we have no control over the	Sam Jarvis	12 months

				<p>governance of the staff, including training and system access controls; and that, since this type of organisation is not usually required to complete a data toolkit, we will have no evidence of their standards of confidentiality and data protection. This means we are unable to provide access to the Trust sites.</p> <p>We do have constant discussion with local groups.</p>		
5	That the Trust build into mandatory training for SPA staff a greater awareness and knowledge of what services are available locally for people with mental health problems, so they are able to signpost them appropriately.	N/A	The Trust already provides awareness and knowledge building resources for SPA staff. This is not mandatory it is part of staff and team supervision.	John Price SPA manager is to attend the third sector provider forum as a regular attendee. Any new developments will be cascaded to the team via supervision and	John Price	6 months

				team meetings.		
6	That the Trust and CCGs improve awareness raising with GPs concerning the range of pathways to access Mental Health Services for patients thereby assisting GPs to take a consistent approach to supporting people with mental health concerns.	N/A	<p>The Trust undertake this work frequently. Due to new SPA and community adult team arrangements, the Trust has been agreeing and communicating any new pathways with GP's.</p> <p>There is a 14 day timeframe attached to this communication and the Trust is working with commissioners and GPs to ensure communication is as per contract.</p>	<p>This is a constant ongoing matter. The Trust visit clinical meetings in Primary care and with GPs and will continue to do so.</p> <p>This is also clearly a matter for the CCG to pick up with General Practice as part of their contract.</p>		12 months
7	That there is continuity of service available 24 hours a day across the Home Based Treatment Team and Care Management Team; and that when day services become 'out of hours' information regarding a patient should be handed over; that this process is measurable by the Trust.	N/A	<p>The Trust are unclear by what the Panel refers to as the "Care Management team". The IHBT operates 24 hours 7 days a week. It can be accessed by all services and provides continuity of service for patients in crisis under its care.</p> <p>A service user under SWYPFT care and with a care co-ordinator will always be referred back to the team and care co-ordinator providing their care on a day to</p>	<p>The Trust has responded and confirmed its 24/7 process. Clinicians orally handover patients as well as transfer information on</p>		6 months

			day basis during working hours, usually 9-5 Monday to Friday). This is because they know the service user and have developed their care plan with them. Calls revert to IHBT outside of CMHT working hours to provide support as required in crisis situations.	RIO.		
8	That the Trust consider introducing and supporting forums to address the disconnect in communication between the Trust, carers and service users, so that they can speak face-to-face with Managers of local mental health services, meet other people who want to influence services, raise issues and get answers to their questions.	N/A	<p>The Trust has the following, Carer support groups, Carer Dialogue groups, ward 18 carer group, EIP carer group, that meets with service users and carers and attends the Kirklees Mental Health Partnership forum.</p> <p>The Panel is directed to responses in Recommendation 18 which outline how it manages and engages with local fora and people who want to influence services, raise issues and get answers to their questions.</p> <p>There are two dialogue groups that take place in Kirklees which are not run by the Trust but which we attend. (See below)</p> <ul style="list-style-type: none"> <li>• Carers dialogue group which is held quarterly and there is someone in attendance from SWYT.</li> <li>• Service User dialogue group – (Touchstone) 3<sup>rd</sup> sector attend this and the agreement is that General Managers will attend when requested. Aboobaker Bhana from the Equality and Inclusion team attends these.</li> </ul>	Please note previous response. The Trust is meeting user and carers groups and in-particular carers in June to review its communication and input.	Sam Jarvis and Bronwyn Gill	12 months

9	That the Trust and CCGs consider how they can help to raise awareness of mental health services for affected families and friends, for example, information that is displayed on the Trust's website or leaflets should be better promoted so that people know the information is available.	NA	The Trust already provides information about its services on its website and on leaflets about individual services.	Our communication team have been asked to consider information it provides in various media and formats.		12 months
10	That SPA staff make an acknowledgement where the records show a caller has rung before and briefly explain that there is a record of their call; and that an explanation is given to the service user as to why the same questions may be being asked again to assure the individual that they are taken seriously and that their details are being recorded.	N/A	The Trust agreed that it will remind staff to discuss the importance of stating the reasons for asking for information, which may seem repetitive to service users and carers.  Trust staff record on patient records (RiO) that patients have made contact with the Trust. The Trust will through team discussion and supervision, consider how to develop its initial interactions with callers explaining the need to ask questions.	Discussions have taken place in SPA team picking up on recommendation.  At handovers good practice is always discussed.	SPA manager	6 months
11	That the Trust give greater clarity to service users and the Panel on the process for the management of dual diagnosis and whether more timely treatment could commence through the simultaneous treatment of both conditions and by providing	N/A	This matter needs consideration and review by the CCG as they commission substance misuse services.  Dual diagnosis is accepted and service users are supported.	Dual diagnosis is accepted and service users are supported by the commissioned SWYT service		6 months

	integrated pathways for people with dual diagnostic needs.			who work closely with other commissioned agencies and other MH services.		
12	That the Trust provide more information and clarity for service users and carers on the process for what might happen if someone reaches crisis (who should they contact, what can they expect to happen, who might be involved, eg police and duty social workers) that this information is available in a leaflet form and online in plain language; and that anonymous case scenarios be used to describe certain situations and experiences that others can relate to.	N/A	The Trust will review information it provides on its crisis services and what can be expected by service users and carers.	Current information leaflets attached and subject to review by service to consider recommendation by the panel.	Gary Auckland and IHBT team leader.	12 months
13	That the Trust is more pro-active in getting GPs and Social Workers involved in liaising with carers and family members, particularly when people are in crisis, and are able to show how this has been managed.	N/A	GP's and social services need to consider this recommendation as providers. The Trust works with GPs and Social Services to ensure statutory Mental Health Act interventions are applied.	See response from SWYPT.		12 months
14	That staff who answer the telephones at SPA should receive mandatory training that includes customer care skills; that mandatory training is refreshed regularly and 'fit for purpose'.	N/A	The Trust will ensure customer care skills are reviewed on an individual basis with each member of staff in SPA, as part of Personal development plans.	Ongoing via clinical supervision, appraisal and Personal development reviews as well as observation by team leader.	SPA team leader	6 months



15	That the Trust introduce auditable quality standards for SPA that are outcome based; and that Staff have set processes and procedures they are required to follow and be consistent in the service that they provide.	N/A	The Trust as part of its transformation programme is putting into place a new "single operating procedure", SOP for SPA which will include this recommendation.	The SPA forms part of the new CORE community mental health service and that has an SOP relating to CORE and SPA operation. In addition a service protocol has been developed for SPAs.		6 months
16	That the Trust consider introducing better mechanisms for auditing their own services, for example, mystery shopping; and that the Trust introduce ways to measure this.	N/A	The Trust satisfaction rate is taken from nationally derived and independently led surveys.	The Trust satisfaction rate is taken from nationally derived and independently led surveys. This includes the community mental health survey, the inpatient mental health survey and the NHS Friends and Family Test. Feedback from these surveys indicate the level of satisfaction with services and offers people the opportunity to	M Doyle Deputy District Director	6 months

				<p>comment on areas for service improvement.</p> <p>The Trust also has an internal Quality Monitoring Visit programme. These visits look at how services are providing good quality and safe standards and identify any areas for improvement that needs action and/or concerns or issues that need escalating.</p>		
17	That the Trust embed the work of the Kirklees Carers Charter across all aspects of their work and be able to demonstrate how they have done this.	N/A		<p>The Trust is currently reviewing all the work we do across services to involve and support carers and families. This will allow us to identify and share good practice as well as identify any gaps in what we offer to carers</p>	<p>Bronwyn Gill Deputy Director</p>	12 months

				<p>and families.</p> <p>We also want to update our Commitment to Carers statement (attached) which was originally developed with the help of carers 3 years ago.</p> <p>We are assessing our findings against the quality standards set out in the NHS England report (May 2016) 'An integrated approach to identifying and assessing carer health and well-being', which sets out 7 principles to guide NHS trusts on identifying and assessing carers' wellbeing. This will help us evidence that we can progress towards seeking accreditation with the 'Investors in Carers' charter</p>		
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				<p>developed by carers in Kirklees.</p> <p>One of the Trust's core values is that Families and Carers matter. As part of our work, we will be asking carers and families to tell us about their experience of SWYFT, to indicate what works well and how we can improve on our offer to carers.</p>		
18	<p>That the Trust are able to confirm how they are meeting the requirements of the NICE Guidance Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services Statements 5, 6 and 7 which advise that:-</p> <ul style="list-style-type: none"> <li>• Statement 5 – “People using mental health services feel confident that the views of service users are used to monitor and improve the performance of services”</li> <li>• Statement 6 – “People can access mental health services when they need them”</li> <li>• Statement 7 - “People using</li> </ul>	N/A	<p>Statement 5 based on 3 recommendations from CG136: 1.2.20, 1.2.21 &amp; 1.2.22</p> <p>The Trust has developed new Communications, engagement and involvement and membership (CEI) strategies which have action plans that will enable people to have a sense of ownership of the trust, have a greater say in how services are provided, ensure the Trust is accountable to local people and that services take account of local need.</p> <ul style="list-style-type: none"> <li>• Strategic aim for communications – facilitate 2 way dialogue to enable people to be well informed (about their own care</li> </ul>	<p>The trust is currently undertaking a trust wide audit of NICE QS14 Service user experience in adult mental health.</p> <p>In addition see response to 19 below.</p> <p>Trust also undertakes</p>		6 months

	<p>mental health services understand the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues”.</p>		<p>and about what is happening in the trust)</p> <ul style="list-style-type: none"> <li>• Strategic aim for engagement – enable people to feel connected to the organisation and understand their role in influencing decisions and the services we provide.</li> <li>• Strategic aim for involvement – enable people to have a say and actively take part in decision making, service planning and delivery</li> <li>• Strategic aim for membership – maximise the potential of membership by empowering people in local communities to influence service development through effective involvement and working together.</li> </ul> <p>Based on Recommendation GC136:1.2.20 - Fully Compliant. Volunteers are involved in the Trusts induction programme for all new staff to promote positive values, good experience and outcomes for service users. The service users are supported by the inclusion team. Also the following; No Decision About Me, Without Me, Employment Matters Strategy, Volunteering Vision.</p> <p>Partially Compliant. Exit questionnaires, draft policy, expenses paid via vouchers, Change lab - No Decision About Me Without Me. This has been considered at the patient experience sub group and recovery champions meetings, the current system for exit interviews is working well with high returns.</p>	<p>Friends and Family survey.</p>		
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			<p>The ImROC work will go further than this, through employing people with lived experience as peer mentors to work alongside professional staff so that they influence the services as they are delivered – not just evaluate them when people exit.</p> <p>Based on Recommendation GC136: 1.2.21 - Fully Compliant. National survey, National MH data set, Complaints and Compliments, Patient experience satisfaction of Adult services (including community, inpatient, ECT and home based treatment services) has been analysed and presented at the Partnership Board Meeting with areas for improvement in the service identified. The inpatient data and ECT satisfaction surveys have been analysed reviewing direct comparisons of different service user groups.</p> <p>Statement 6 - The panel has received access performance information.</p> <p>Statement 7- based on recommendation from CG136: 1.3.3 - Fully Compliant. National survey provides evidence of practice. Case studies through user satisfaction, compliments and complaints. Memory services - diagnosis. Use of Alzheimer's society. Use of external agencies to provide support. Advocacy - DOLs. Reducing stigma of MH - Insight</p>			
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			events. 100s of attendees. Further events planned (ADHD and Psychosis). Advanced statements and decision making. Dialogue Groups. Well Being Cafes-Alzheimer's and Admiral Nurses			
19	That the Trust are able to confirm how they are meeting their requirements of the NICE Guidance Statement 1: People using mental health services, and their families or carers, feel optimistic that care will be effective.	N/A	Statement 1 - Based on recommendation from CG136: 1.1.1 - Fully Compliant. The Trust has adopted the Recovery Star as an outcomes measure within mental health services. The Trust deliver psychosocial interventions training, both internally and in collaboration with university providers focusing on relationship, family work and recovery, care plans and care assessments and family interventions etc. The Trust audits its quality of services using various tools. Development of PROMs / PREMs - satisfaction questionnaire.  CQUIN. Q, CQC outcomes, National survey inpatient and community annual findings.	NICE propose that this can be measured through the national community mental health survey results. In addition to the previous response the Trust is subject to a number of national surveys of which results are attached.		6 months