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Kirklees Health and Adult Social Care Scrutiny Panel : focus on Mental Health

July 27th 2022

With **all of us** in mind.

Focus

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Partnership working

Impact of covid and recovery progress – demand, capacity, access and acuity

Challenges, performance and innovation in acute pathways including the use of out of area placements

Challenges, performance and innovation in community pathways

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Partnership working

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Joint Health and Wellbeing Strategy

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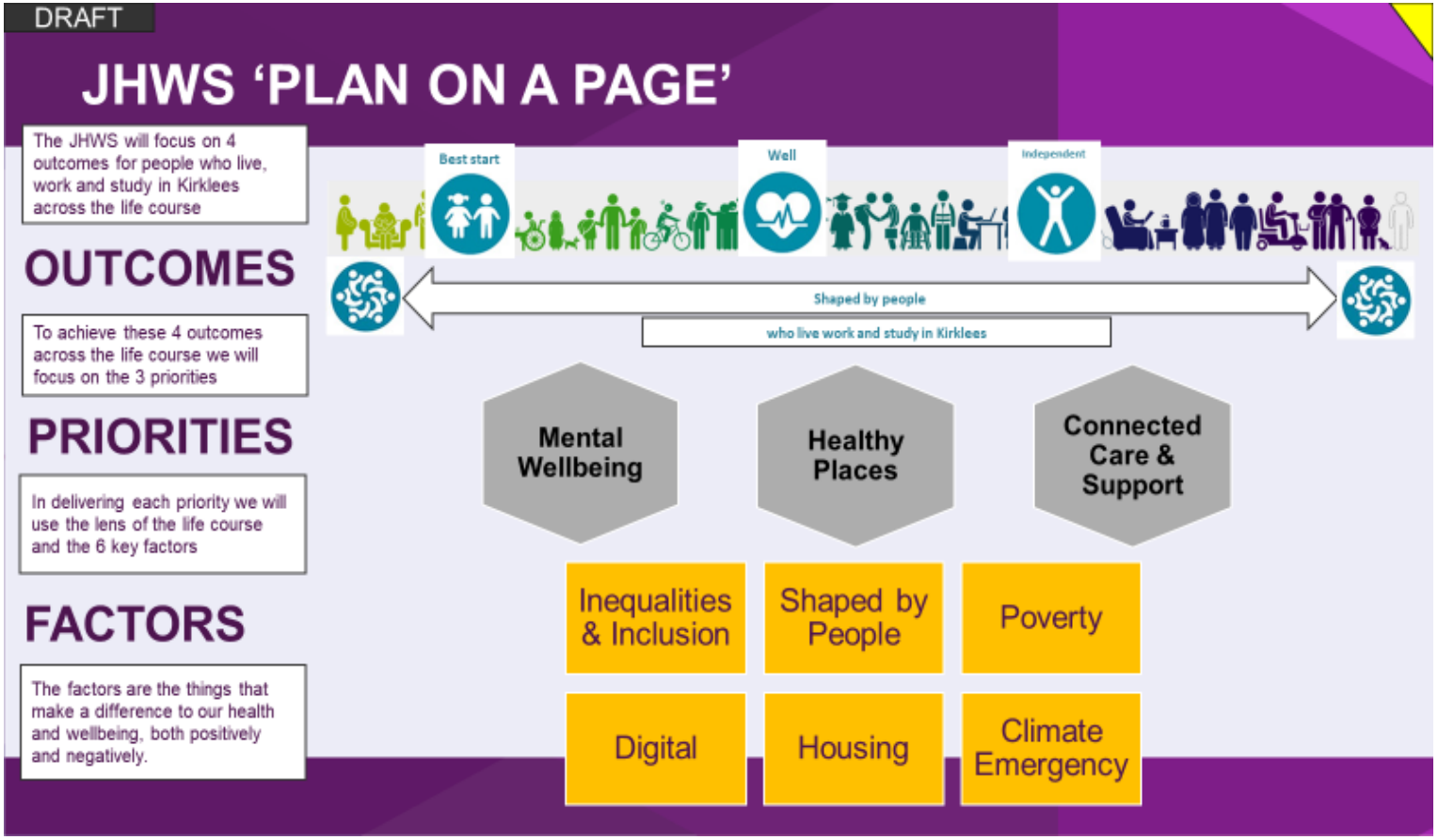

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Partnership working: creation of the Mental Health Social Care Hub

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Following the 'Social Work for Better Mental Health' engagement project it was identified that Kirklees staff co-located within the South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) felt disjointed from the local authority and a loss of their professional identity. The Teams noted difficulty navigating Trust and local authority processes and as a result patients were remaining in inappropriate teams.

Further work completed jointly with the Trust indicated a need to increase the knowledge around social care and a lack of clarity and misunderstanding around the most appropriate pathways for different service users groups.

National mapping also indicated that many authorities and Trusts were choosing to disintegrate services, however, this showed little benefit to service users and families within the system.

A joint project was established to create a more defined partnership and clear health and social care routes within in an integrated Pathway.

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Integration objectives

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- Bringing together the skills and expertise of the workforce enhancing the quality and consistency of services.
- Clearly defined roles and responsibilities across to promote a clear social care identity and true multi-disciplinary working.
- Strong focus on Care Act 2014 compliance within the comprehensive Mental Health Assessment, quality improvement and awareness of safeguarding and self-neglect pathways.
- Reduced duplication of work and ‘hand offs’ for service users, preventing unnecessary movement around a complex system, and avoidable hospital admissions.
- Delivery of strength-based approaches and practice.
- Improved managerial authorisation processes to ensure the most appropriate use of resources.
- Development and nurturing of a skilled work force with a training package suitable to their needs, ensuring accountability and recording on council systems.
- Provision of a system by which cases can be discharged from secondary mental health, but still reviewed regularly to ensure care and support needs were being met.
- Reduced use of inappropriate residential placements.

Integrated structure

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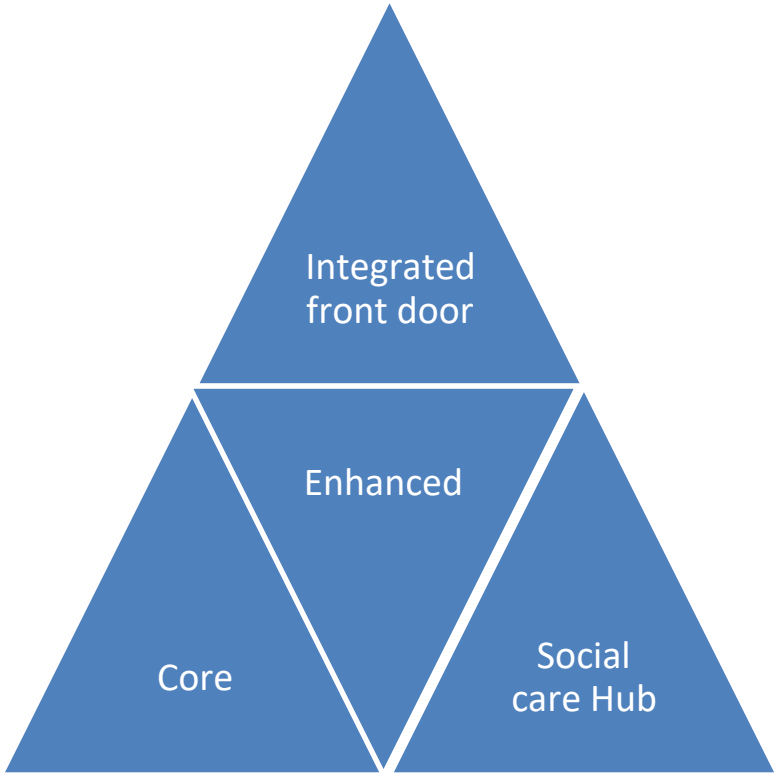

- Work nearing completion to connect Single Point of Access (SPA) and Gateway to Care, training SPA workers to recognise health and social care pathways
- Training package has been provided to staff in Enhanced and Core teams to support understanding of Care Act, Commissioning Support, and Safeguarding.
- Management structures have been reviewed and additional resource provided to ensure a health and social care focus.
- Social Care Hub has been created to enable cases to be closed and transferred for ongoing reviews
- The Social Care Hub provides clear pathways into forensic services, Early Intervention in Psychosis and Home Based Treatment team
- Greater oversight of self neglect, safeguarding and low level social care cases where mental health is the primary need.
- Joint audit of cases to understand whether these could be moved to the social care hub, increasing capacity and throughput.
- Work underway with the Approved Mental Health Professional (AMHP) Hub to look at capacity and resource..
- Social Care Resource is now situated within hospital settings to provide early identification and support where social care or housing issues may delay discharge.

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Impact of covid and process of recovery

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Immediate and sustained impact

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Infection Prevention and Control (IPC) requirements: still in place

Business Continuity Plans (BCPs) and phased recovery plans: SWYPFT still operating at OPEL 3

Cohorting Standard Operating Procedures for acute services within clinical pathways: still in place

Safe working practices and occupancy limits required: still a factor

- Estate challenges: still a factor

Increased staff absence across all services: still a factor

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Immediate and sustained impact

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Working as a system partner – impact of changes in wider health and social care.

Ensuring continuity of care to service users and carers based on need and risk.

Higher acuity of new referrals and existing service users.

Sustained increased demand for community services.

Sustained increased demand for acute services, leading to out of area placements.

- Slower discharge processes.

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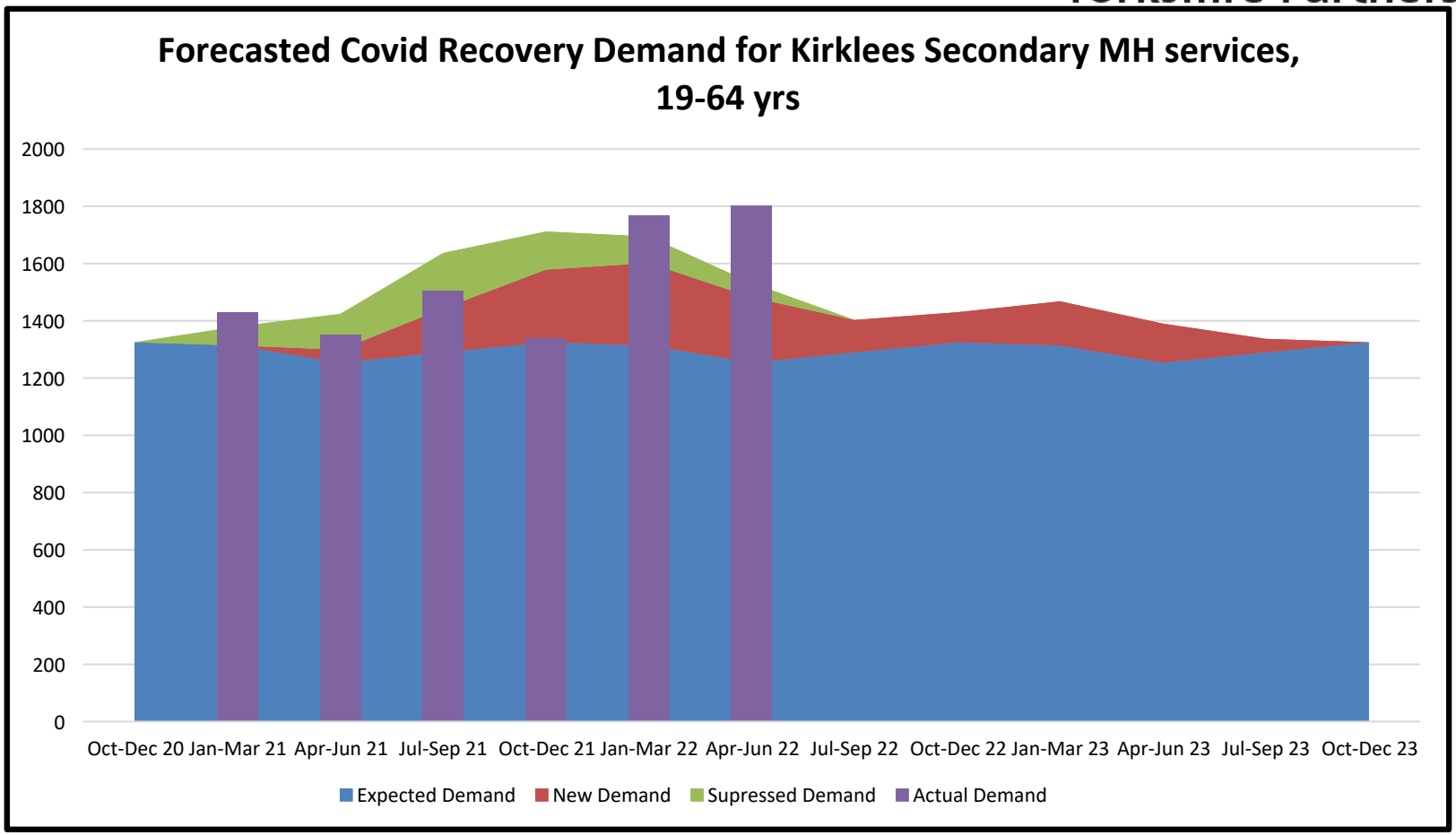

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Summary of recovery plan

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	Operational recovery and reset		Enabling working effectively (EWE)			Partnerships
Recovery	Continue to deliver and restore safe responsive services based on learning and known impact Clinical Priorities Inclusively locking in innovation Clinical space review	Evaluate the use of digital to deliver care and enable new ways of working • Virtual clinical approaches • Digital inclusion • Use of digital to support effective working	Establish systems which support effective ways of working Classifications of ways of working Virtual meetings Flexible use of space through room and desk booking	Have safe estate that supports effective ways of working Evaluation of use of Estate Risk assessments	Make the Trust a great place To work • Blended offer for training & development • Embed support offer for staff • Support for staff with specific need e.g. BAME, carers • OD plan in line with revised strategy developed and delivered	Joined up, integrated care and response in Partnership with others • Place based plans (B,C,K,W) • ICS plans x2
Reset	Clinical models fit for the 21st Century	New ways of digital working in place as part of service offer	Policies, procedures and systems for effective hybrid working	Refreshed Estates strategy linked to sustainability strategy	Great place to work programme and workforce strategy and plan	Place based plans & priorities address health inequalities in line with white paper changes

Underpinned by our learning and driven through a Quality Improvement approach

- Evidence base
- Learning from staff
- Data and metrics
- Learning from service users & carers
- Learning from others

Equality, Inclusion, Involvement and Engagement

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Key organisational achievements so far

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Improving care – strategic recovery and reset	Aim
Safely deliver &restore inclusive services & support, locking in innovation Large scale exercise was undertaken with staff using various methods to understand learning during pandemic. Analysed and shared widely with a set of recovery and reset principles agreed and adopted in the priority programme areas of work. Change work has largely been undertaken at local service level, utilising a cocreate, codesign and codeliver approach involving staff and service users/carers. An **involvement approach** and strategic tool developed to ensure the voice & influence of staff, service users, carers & families helps reshape service provision & ways of working. The Enabling Working Effectively **hybrid working framework** and **recovery & reset toolkit** have been codesigned, tested & produced. They have been rolled out for use across the Trust, in line with the implementation plan. Operational services have worked with Performance & Information to develop a **recovery & reset dashboard** to support interpretation &tracking of data to help understand impact of covid & health inequalities. Enablers have been put in place to support adoption of hybrid working including an enhancement to room and desk booking system used in SWYPFT, dedicated intranet page of support and guidance and additional IT and estates support. **Space utilisation reviews** have commenced to further understand the current use of estate & future space requirements as services recover. A series of **case studies** has been developed capturing new ways of working & what teams are doing to lock in the different ways of working during the pandemic.	**We are restoring services, delivering our quality targets & working on actions to improve our CQC ratings**

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Recovery is about addressing inequalities

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Understanding equality & addressing inequality through inclusive involvement
• **Carers passport** & identification of carers in place • Increased the **diversity of volunteers** • Increased **peer support workers** across the Trust- valuing lived experience • Improved **Health Assessments** for people with a learning disability • Embedded **equality & involvement** in our change approach • Developed & tested an **equality Interactive tool & dashboard** • **Discovery interviews** & co-action work within forensic services • Use of **equality data** to drive vaccination roll out • Built **capacity & capability** through development sessions & diversity training • Created opportunities for a **reflective workforce** and invested in c**reative & cultural offers** & recovery-based approaches • Trained **community reporters** who have subsequently helped evaluate programmes of work • Strengthened the use of **Equality Impact Assessments** • Developed specific new roles to **support cultural change** e.g. WRSE OD Lead, Wellbeing roles, creative practitioners, equality guardians • Work to **capture the voice of people** who use our services as a baseline • Using **equality impact assessment/data** to identify actions • Ensured that images in our communication **show diverse leadership** and that we have **visible symbols of inclusion** such as the LGBTQ+ crossing on Fieldhead site, badges &lanyards, staff pledges • **Engaged with our communities using volunteering**, for example, TWOCAN to create pathways into our Trust for employment .

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Case Study covid and beyond : Enhanced Teams

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How has COVID Pandemic changed service delivery?

- New team systems and ways of doing things e.g., virtual meetings, working to BCPs, systematic risk assessments for prioritisation of service user face to face contacts, working to establish a hierarchy of critical service priority.
- Blended approach to conducting CPA reviews, virtual technology and face to face synergies for different professions around the person's needs
- Increased use of paper light methods
- Clinical reviews of each service user to decide on most appropriate clinical contact method.
- Inability to use all space in buildings and deliver full service offer from our bases
- Face to face visits continued throughout the pandemic with extra time needed for each visit to be risk assessed + extra preparations for correct use of PPE and social distancing. Use of PPE can impact on relationship building and communication for service users.
- Adoption of agile / home-working : impact on wellbeing, face-to-face contact with colleagues and impact on team functions, leadership and informal supervision
- Rapid uptake of digital delivery options and service user interactions; embraced technology and upskilled where needed to utilise MS teams, video calls etc.

What challenges have occurred as a result?

- Increase in acuity/complexity of new referrals and significant relapse for some service users whose mental health was previously stable
- Increase in demand and complexity resulting in some challenges in allocating referrals
- Restricted community/third sector provision throughout the pandemic, together with limited access to less formal support initiatives, has impacted negatively on community infrastructure and system resilience and affected quality of life and recovery rates for service users
- Reduction in carer/family support to service users due to contact restrictions leading to poorer outcomes and carer stress
- Challenges working effectively with primary care and delivering services in partnership.
- Exacerbated challenge of working safely in the community with those at most risk / most vulnerable including access to safe community communal spaces
- Team cohesion and efficiency as agile working requirement has been balanced against team functions, processes & accessibility for service users

Case Study covid and beyond: Enhanced Teams

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What actions are underway to address these challenges?

- Work ongoing to offer blended approaches with mostly face to face contacts with growing use video consultation rather than telephone where appropriate. Considerations made around individuals needs and access to technologies/ digital exclusion. Teams are utilising Trust guidance for patients in relation to accessing services via digital solutions.
- Reviews of space and room usage as we currently do not have capacity to undertake as many face to face sessions as we would like to due to the current IPC restrictions around building capacity and social distancing.
- Work is underway team by team to capture service user feedback and incorporating their voice into our developments
- Health Inequalities: person-centred, trauma informed approaches underpin the enhanced service model and physical health checks have continued to take place with a higher proportion in people's homes. Care co-ordinators have increased their support to service users needing access to physical healthcare and primary care services as this has been challenging during the pandemic.
- Maintaining effective communication with third sector providers regarding their recovery planning, including improved service offer post covid.
- Optimisation of agile working supported by individual wellbeing conversations with staff and managers to address working arrangements and impact on wellbeing with related actions where necessary

What does the service look like now (as is) and will look like in future (to be)

- Most contacts which were face to face prior to the pandemic will need to continue to be face to face. Digital has been beneficial to both service users and staff as a genuine alternative which enables flexible contact. Resulted in improved engagement and reduced DNA rates.
- Need to understand what proportion of face to face and virtual contact will be optimal to capitalise on innovation, cope with growing demand, and to best meet the needs of as many people as possible. Need to clarify what is a supplementary contact and what is a replacement contact. **Based on current performance (60ftf/40v) we are envisaging an optimum balance of 80ftf/20v.**
- Will always need to deliver a significant percentage of face to face services from Trust bases. Building usage will need revising once IPC requirements change so we can increase face to face sessions and use our bases differently.
- We anticipate continued agile working but this requires further review as recovery progresses to ensure an optimal level for staff, service users, families/carers. Greater awareness of staff wellbeing, work life balance, productivity and efficiency through flexible working to deliver effective and safe services.
- We need to maintain and develop high performing and interacting teams with therapeutic relationships and support networks amongst colleagues. New staff, induction and team integration are key here, as are comprehensive wellbeing great place to work wraparound plans.

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Challenges, performance and innovation in the acute pathway

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Acute pathways

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Acute wards have seen high levels of acuity and service user distress, with the continued requirement to manage isolated and cohorted patients. High levels of demand and acuity have frequently led to above 100% occupancy levels across wards on a sustained basis and capacity to meet demand for beds remains difficult: compounded by significant workforce challenges, staff absences and difficulties sourcing bank and agency staff, leading to staffing shortages across the wards. Home Based Treatment Teams have faced similar staffing pressures.

The work to maintain effective patient flow continues, with the use of out of area beds being closely managed, usage has remained a constant, with some patients discharged and a lower rate of placement, since April. The key focus continues to be on bringing patients back to local beds in as timely a way as possible and providing care closer to home - whilst managing the demand for new admissions as safely as possible in partnership with community teams.

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Acute pathways

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There has been an increased emphasis on how we can support patients ready for discharge more effectively back into community settings. A specific programme of work is underway in Kirklees including all partners, ensuring optimisation of resources, new investment and service user recovery.

Work with partners across the Integrated Care System in West Yorkshire continues.

We are addressing significant workforce challenges in inpatient services (in line with national challenge.) For example, the development of a confident and competent workforce in which we are identifying core competencies for our workforce, with a focus on diversification and the utilisation of new roles and a potential skill-mix and shift-composition around the actual tasks and functions needed to run the wards.

We are also building in the benefits of staff networks, preceptorship/ preceptorship academy, culture change measures and effective supervision models.

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Acute pathways

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We are undertaking intensive work to maintain and improve quality and safety on our wards. We are building identified challenges and priorities into the workforce strategy and the inpatient improvement priority programme.

Specific examples include:

Pathway improvements

- Discharge: E-discharge, Criteria Led Discharge / Discharge interfaces
- Patient flow – review of operating procedure and interfaces
- Focus on optimising resources and improving pathways
- Review of S136 internal standard operating procedure
- Review of inpatient standing operating procedure

Quality Improvement Projects

- Reducing restrictive interventions – RCPyschs project
- Sexual safety on inpatient wards – RCPsychs project
- Tendable (formerly perfect ward) – digital assurance & improvement platform being rolled out

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Acute pathways: OOA

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The use of out of area beds for people in Kirklees has increased since the mid 2021.
Cohorting Standard Operating Procedures procedures kept all beds open, and supported the separation of people isolating, or with symptoms, or a positive covid diagnosis. This proved a robust framework within the parameters of the limitations of estate and initially effectively managed demand and optimised access and egress from beds.

We experienced increased impact from outbreaks and isolation requirements and higher levels of acuity and service user distress throughout 2021.

The difficulties were compounded by staff absences, staff fatigue and difficulties sourcing bank and agency staff leading to staffing challenges across the wards.

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Acute pathways: OOA

South West Yorkshire Partnership NHS Foundation Trust

From 2019 onwards an intensive improvement programme has been in place to reduce the number of people placed out of area and to reduce the time they spend there, focussing on:.

- Appropriate Inpatient Stays
- Intensive Home Based Treatment
- Patient Flow
- Trauma Informed Personality Disorder Pathway
- Community Programme
- Single Point of Access and Primary Care

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Acute pathways: OOA

South West Yorkshire Partnership NHS Foundation Trust

The programme has delivered numerous improvements across these pathways including:

- Activity to support patient flow across all wards working extended hours 7 days a week.
- Ensuring Intensive Home Based Treatment Teams had extra capacity to support the most unwell people.
- Implementing trauma informed personality disorder pathways.
- Improving access pathways into services.

- Positive impact in a reduction in OOA bed usage through 2019 and 2020 from 142 placements in 18/19, to 59 in 19/20, to 19 in 20/21. 2021/22 saw an increase in the use of OOA beds, with 33 new placements for Kirklees.

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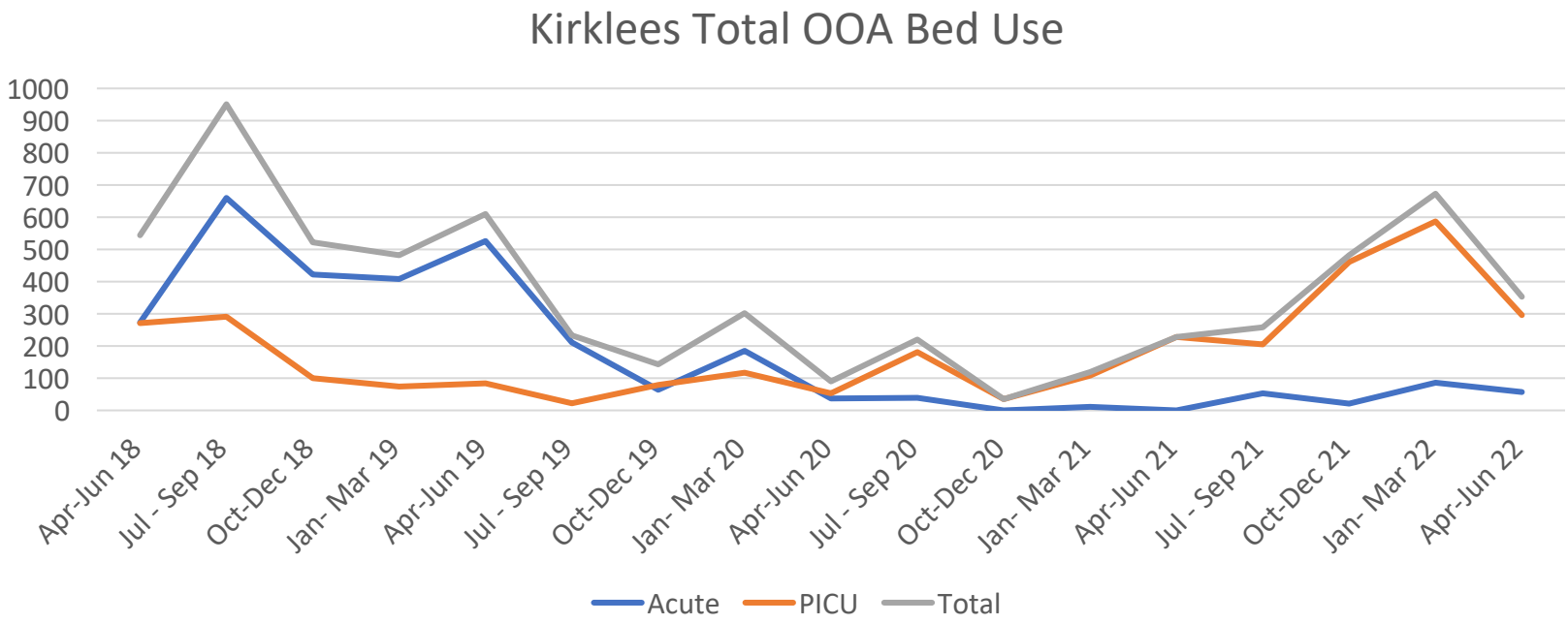

2021/22 saw an increase in the use of OOA beds, with 33 new placements

Acute pathways: OOA

South West Yorkshire Partnership NHS Foundation Trust

We continue to address and are focussing on:

- Active action to move people through their inpatient stay in a timely way.
- Working with partners to optimise use of all alternatives to admission and reduce the time people have to spend in hospital.
- Role of home based treatment in facilitation timely discharge.
- Establishing consistent community support and enabling timely flow.
- Coordinating and input into current OOAs to ensure that anyone placed out of area has the safest and most effective care, including agreeing principles of continuity of care for placements.
- Realising the benefits of the Inpatient improvement programme.

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Acute pathways: IHBT MHLT

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Crisis, IHBT and Mental Health Liaison pathways have all continued to operate in full 24/7 throughout the covid period.

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They are services working with the most vulnerable service users and those most at risk: ensuring safe and effective care at home for those people who would otherwise need admission to hospital.

They undertake a gatekeeping function for all inpatient beds.

The teams consistently meet the key performance requirements (see appendix slides 36,37,38)

They have experienced sustained increased demand :
Kirklees IHBT referrals - average per month; 20/21 =134, 201/22 =139
Kirklees MHLT referrals: average per month; 20/21 =320, 201/22 =333

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Crisis pathways: partnership working in Kirklees

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Collaborative working - residents of Kirklees are able to access a 24/7 mental health support line when they need support. Provided as part of a West Yorkshire ICB initiative the support line will offer support when needed or signposting to an appropriate local service. Additionally, there is a separate West Yorkshire Grief and Loss line which operates between 8am and 8pm, and this was established as part of the health and care response to Covid.

Mental health teams from across the Kirklees Health and Care Partnership and the 3rd sector are working together to establish a crisis house which will act as a short term (up to 7 days) residential placement when the individual is unable to remain at their home but, following an assessment by the Intensive Home-based Treatment Team, requires a level of support which can safely be provided at the crisis house rather than a hospital setting.

There are two mental health crisis “well-bean” cafes in Kirklees which give coverage on seven evenings a week from 6pm to midnight (Huddersfield 4 evenings a week and Dewsbury 3 evenings a week) to help people in person or on the phone with their crisis. The team follow-up with their guests on the next working day to check in with people and help with signposting or ongoing support to maintain wellness.

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Challenges, performance and innovation in community pathways

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Community pathways

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Community services provide assessment, care management and interventions utilising a range of innovative means of communication and ensuring face to face contacts are made wherever these are clinically indicated (see appendix slide 39) .
Work continues in front line services to adopt collaborative approaches to care planning, build community resilience, and to offer care at home. This includes providing robust gatekeeping, trauma informed care and effective intensive home treatment. Teams are working closely with the acute pathway to tackle barriers to discharge, reduce the demand for out of area placements and to ensure purposeful admissions and timely returns to the community.
We continue to work in collaboration with our places to implement the community mental health transformation. We are looking at the core and enhanced pathways in terms of local place and the trust offer, to ensure we optimise our opportunities for innovation, effectiveness and partnership working and that we achieve the best model possible for our service users and carers.

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Community pathways

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Community teams are experiencing significant workforce challenges, we currently have higher than usual levels of vacancies in community teams for qualified practitioners and proactive attempts to fill these have had limited success. We have action plans in place for teams where there are particular challenges and continue to be proactive and innovative in our approaches to recruitment for example the introduction of Trainee Nurse Associate roles in Kirklees following new investment by commissioners

We are experiencing challenges after a period of sustained increased demand. This has lead to pressures in Single Point of Access (SPA) necessitating the use of additional staff and sessions for assessment slots. Workforce challenges are continuing to compound these problems. SPA is prioritising risk screening of all referrals to ensure any urgent demand is met within 24 hours, but routine triage and assessment is at some risk of being delayed. The situation is being kept under close review by General Managers and teams and all possible mitigations are in place.

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Our performance

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IAPT services continue to perform above national expectations for KPIs and performance around waiting times. For example, performance against recovery is 55.6% for Kirklees against a national recovery target of 50%.(see appendix slides 40, 41)

Early Intervention in Psychosis teams continue to deliver against targets for access and the setting in place of a NICE approved care package within 2 weeks of referral.

Routine access within 14 days is being managed well across the teams, despite some challenges in SPA in terms of capacity and managing demand. (see appendix slide 42)
Access into treatment in 6 weeks has been below target at 88.53% for Kirklees. This has dipped in month following an improving trajectory of performance, due to high demand in SPA, challenges within enhanced teams and pressures in arranging timely outpatient appointments. (see appendix slide 43)

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Our performance

South West Yorkshire Partnership NHS Foundation Trust

Across services where there are secondary waiting lists, for example for specific treatments in core psychology, systematic management of the waits has been implemented and comprehensive plans are in place for each individual including person-centred reviews and named contacts.

CPA review performance continues to hold steady at above target for Kirklees with a cross-trust level action plan in place to ensure that this continues. (see appendix slide 44)
We have had some continued challenge in meeting required performance around 72 hour follow up for patients in Kirklees which is at 72.09%. This has been identified as attributable to data quality and systems management rather than the visits not actually having taken place within the required period. Quality and Governance Leads are working on an improvement plan for the recording and monitoring in relation to this. (see appendix slide 45)

Adult Autism Diagnostic Pathway – Kirklees

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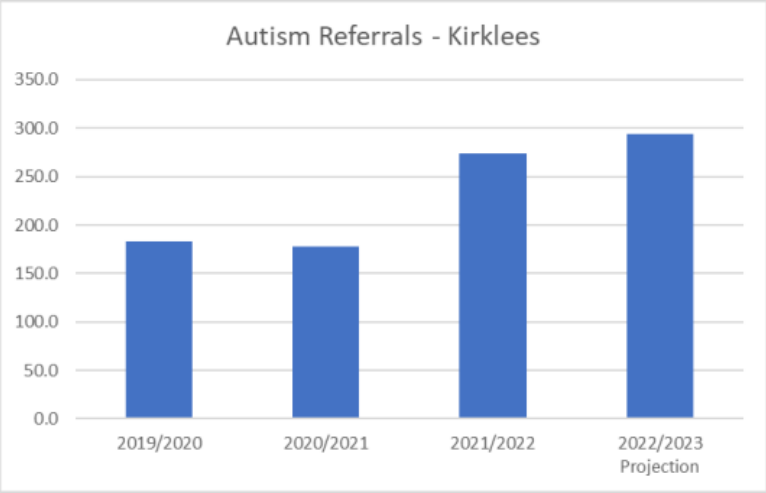

Referrals for an Autism Assessment have increased by 50% over the last 3 years. The service received 183 referrals in 2019/20 and 274 in 2021/22. The total received is projected to be 294 in 2022/23.

A thorough clinical triage of each referral takes place to determine if an assessment is appropriate. In the 12 months to 31st May 2022, 56 people were invited for assessment.

On average, the first appointment offered to those people was **57 days after receipt of referral**. The longest wait was 105 days.

39% of those who were clinically appropriate for assessment received an Autism diagnosis and were offered bespoke Post Diagnostic Support and Interventions.

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Community Transformation in Kirklees

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SWYPFT have been working closely with the Kirklees partnership to help design, recruit and support roles that form part of the new community transformation model.

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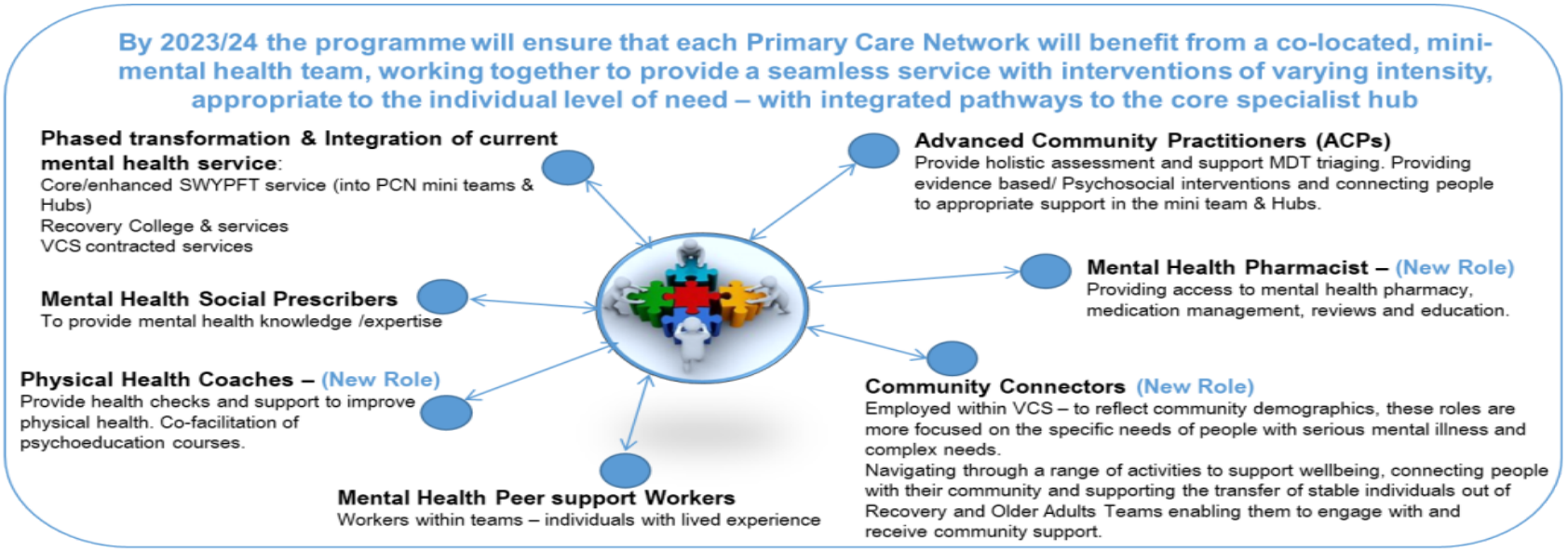

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Appendix – performance graphs

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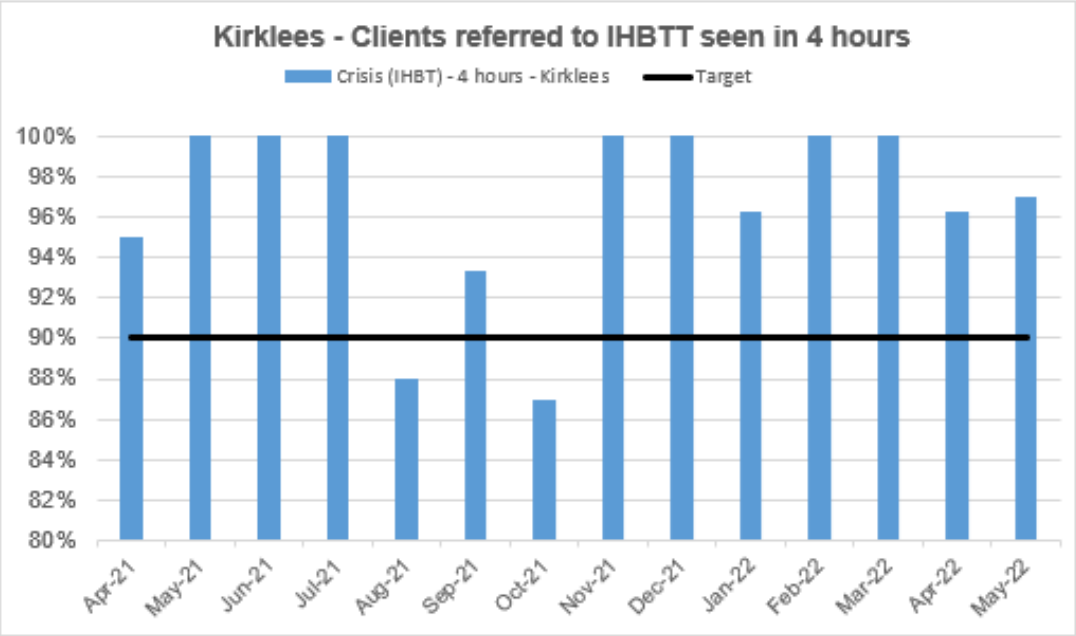
Kirklees IHBTT – assessments within 4 Hours



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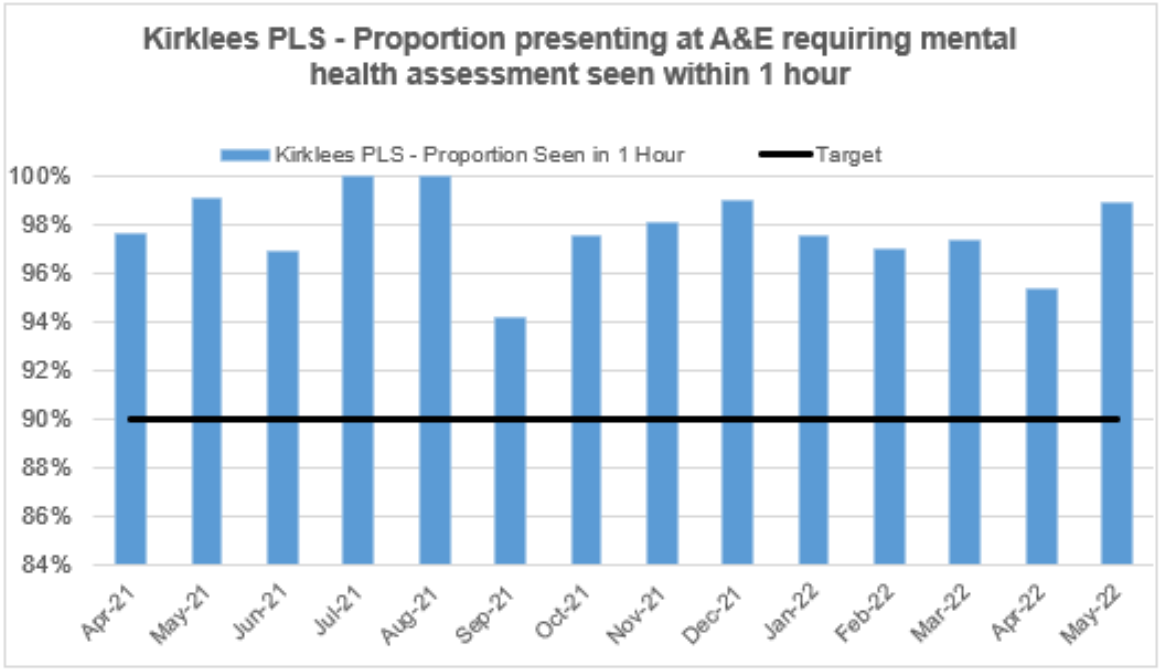
Kirklees Mental Health Liaison – assessments within 1 hour



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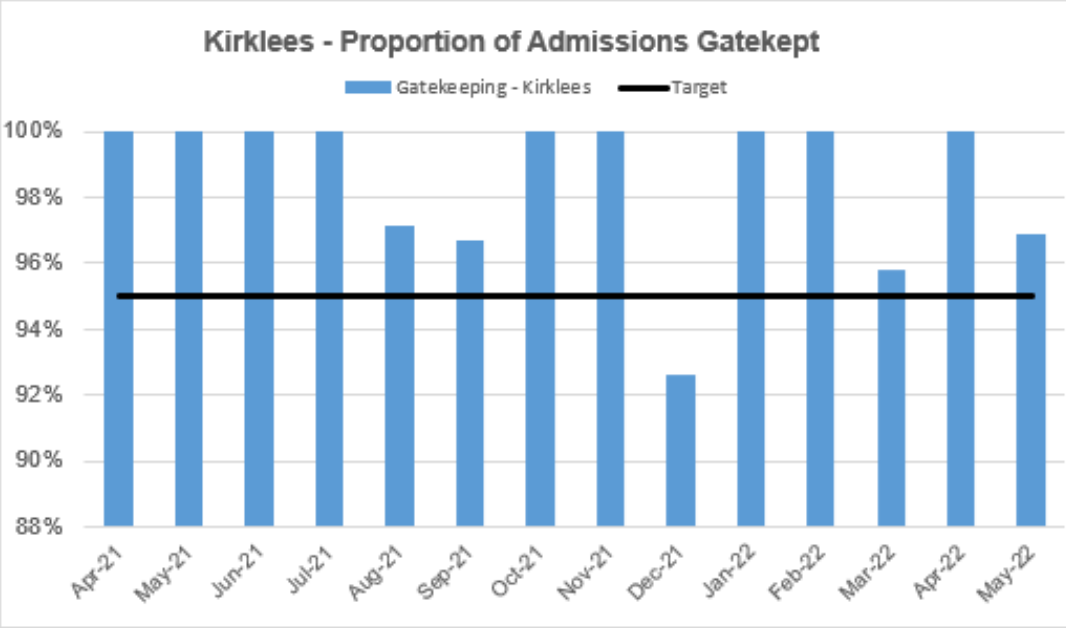
Kirklees – gatekept admissions



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Contact methodology for Kirklees community teams

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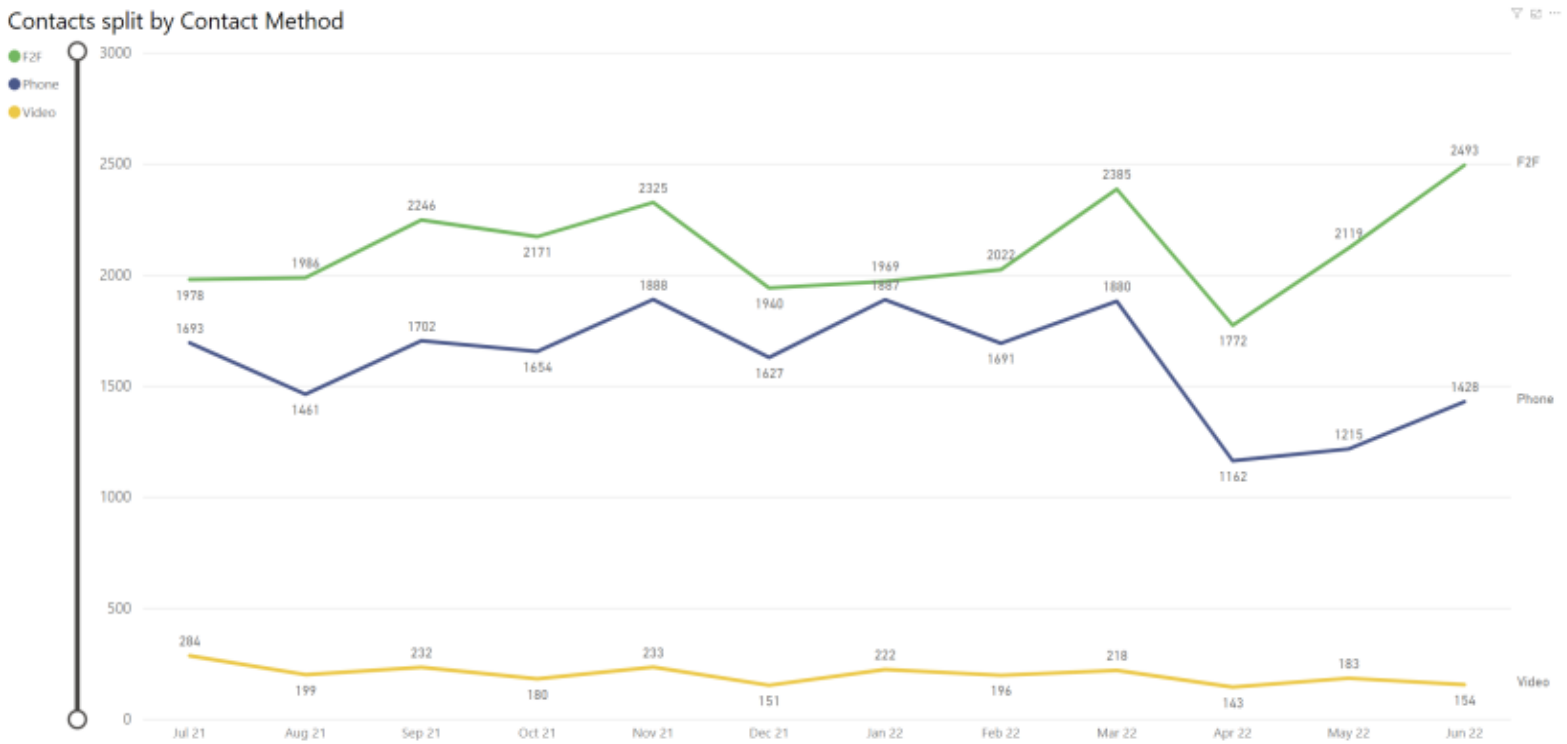

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Kirklees IAPT –Entering Treatment within 6 Weeks of Referral

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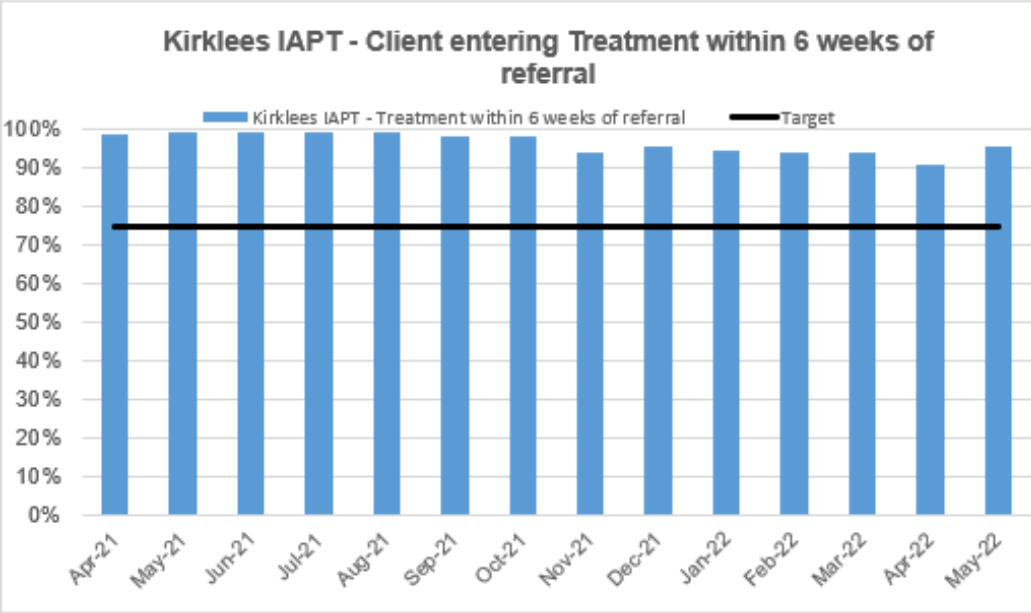

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Kirklees IAPT –Entering Treatment within 18 Weeks of Referral

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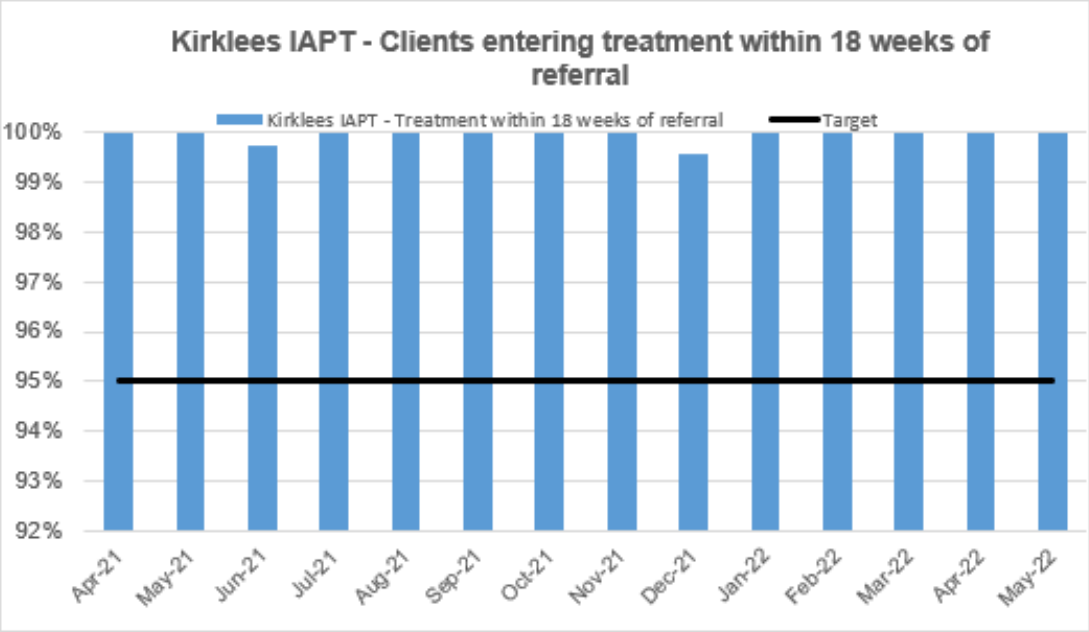

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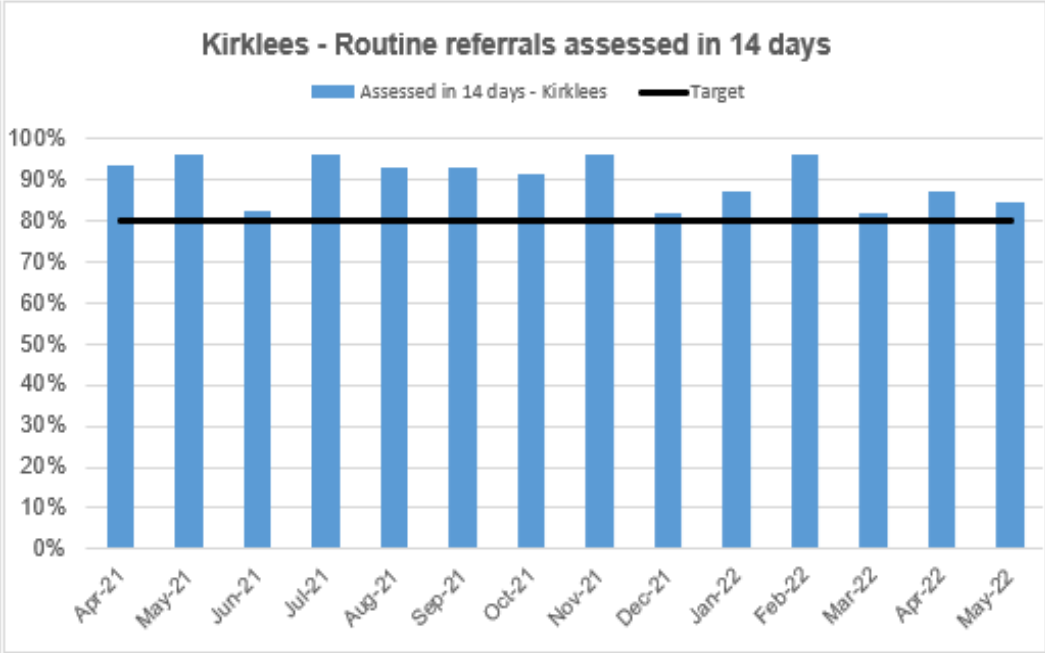
Kirklees – Routine Referrals Assessed in 14 Days



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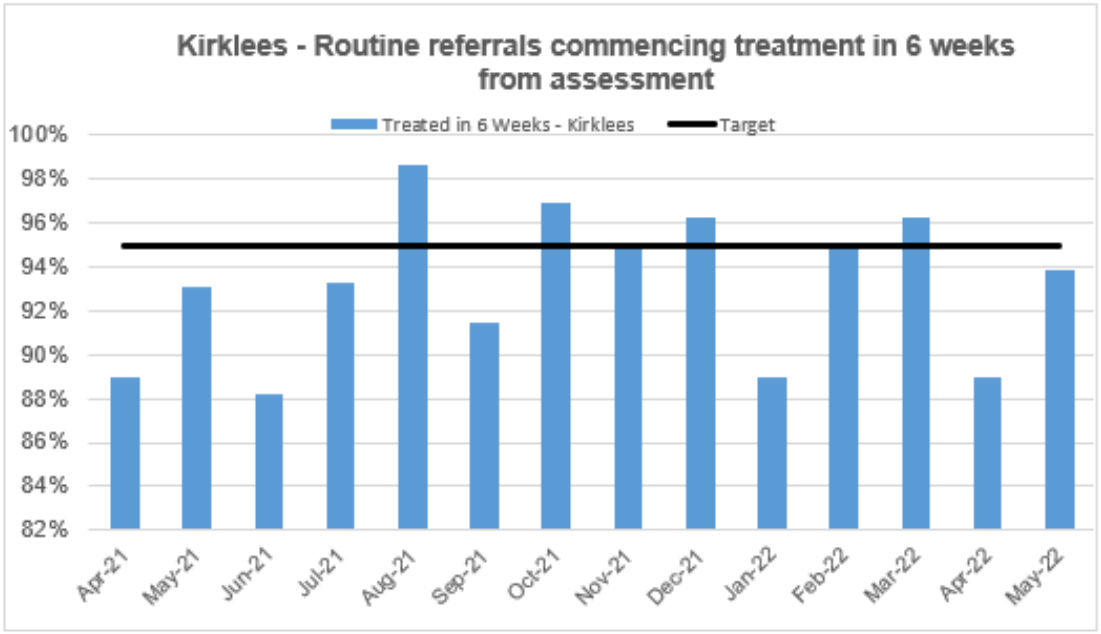
Kirklees – Routine Referrals Commencing Treatment in 6 Weeks



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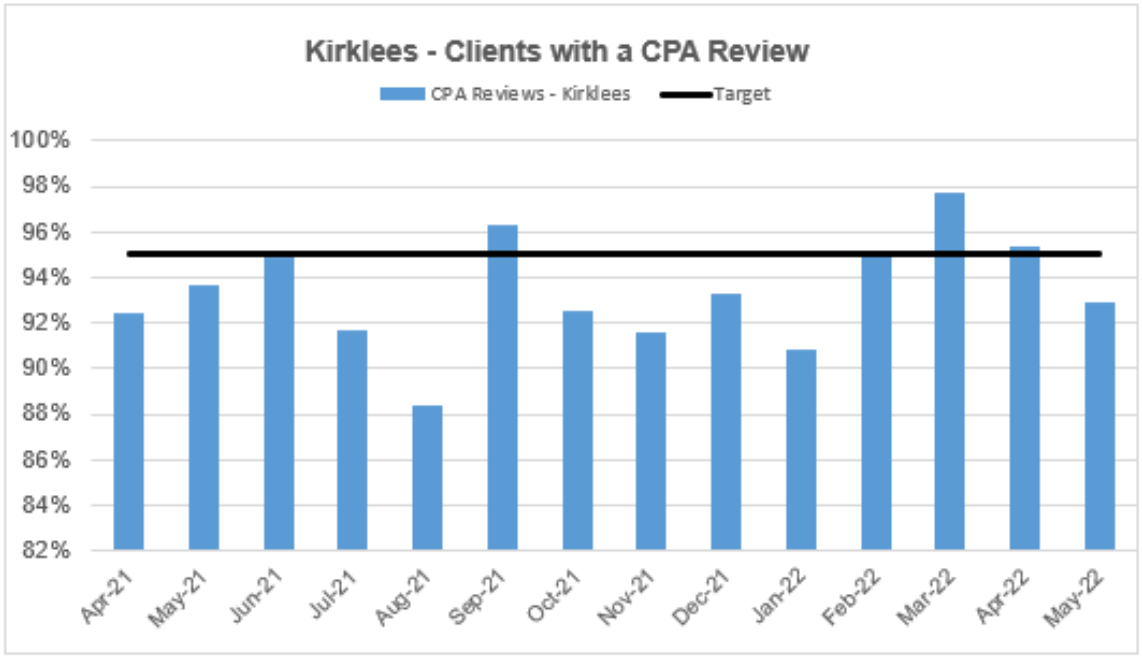
Kirklees service users with a CPA Review in 12 Months



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Kirklees Followed Up Within 72 Hours of Inpatient Discharge

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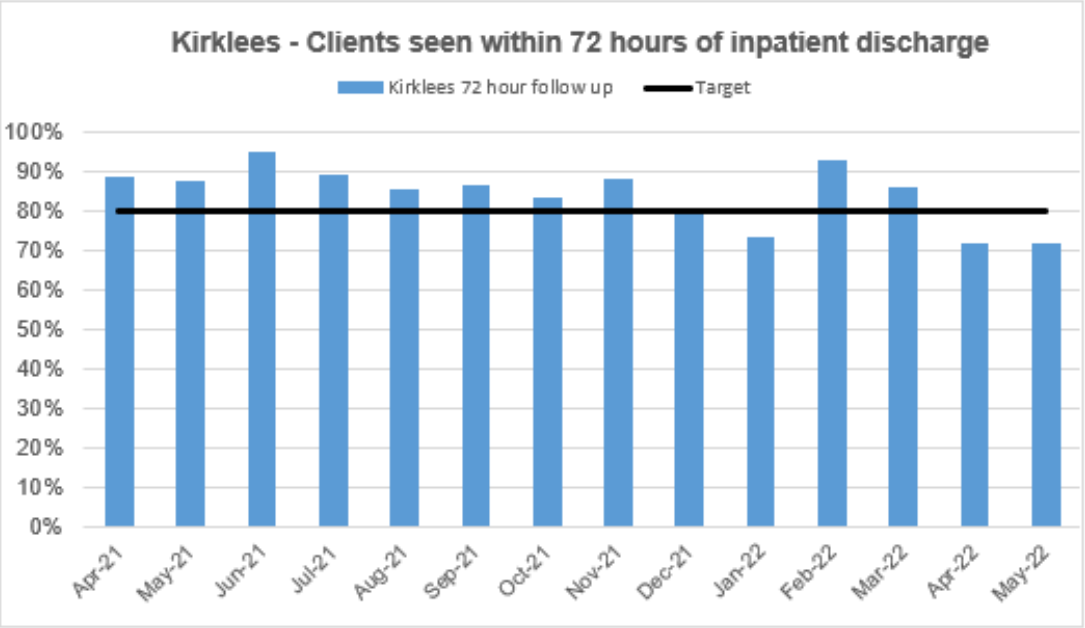

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