Rotherham Doncaster and South Humber NHS Foundation Trust

Acute Mental Health Update

Health Select Committee – 30th June 2022

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June 2022

Contents

Purpose of Report

Following a presentation to the Health Select Committee on 7th October 2021, Rotherham Doncaster & South Humber NHS Foundation Trust were asked to provide supplementary information on:-

- Crisis Team
- Staff Health & Wellbeing
- Community Mental Health Transformation – Progress.

This report attempts to answer all outstanding questions.

Crisis – Overview of Service

All Crisis referrals come into the team via telephone. They can be self-referrals, or come from other agencies such as GPs, Police, Probation, RMBC, and other Voluntary organisations. Family members can refer.

The most frequent referrals are self-referral and from GPs.

The call is initially answered by an experienced admin team member, who take basic details and either task the referral to a clinician, or if at that point it is deemed urgent, it can be passed straight to a clinician, or emergency services are contacted.

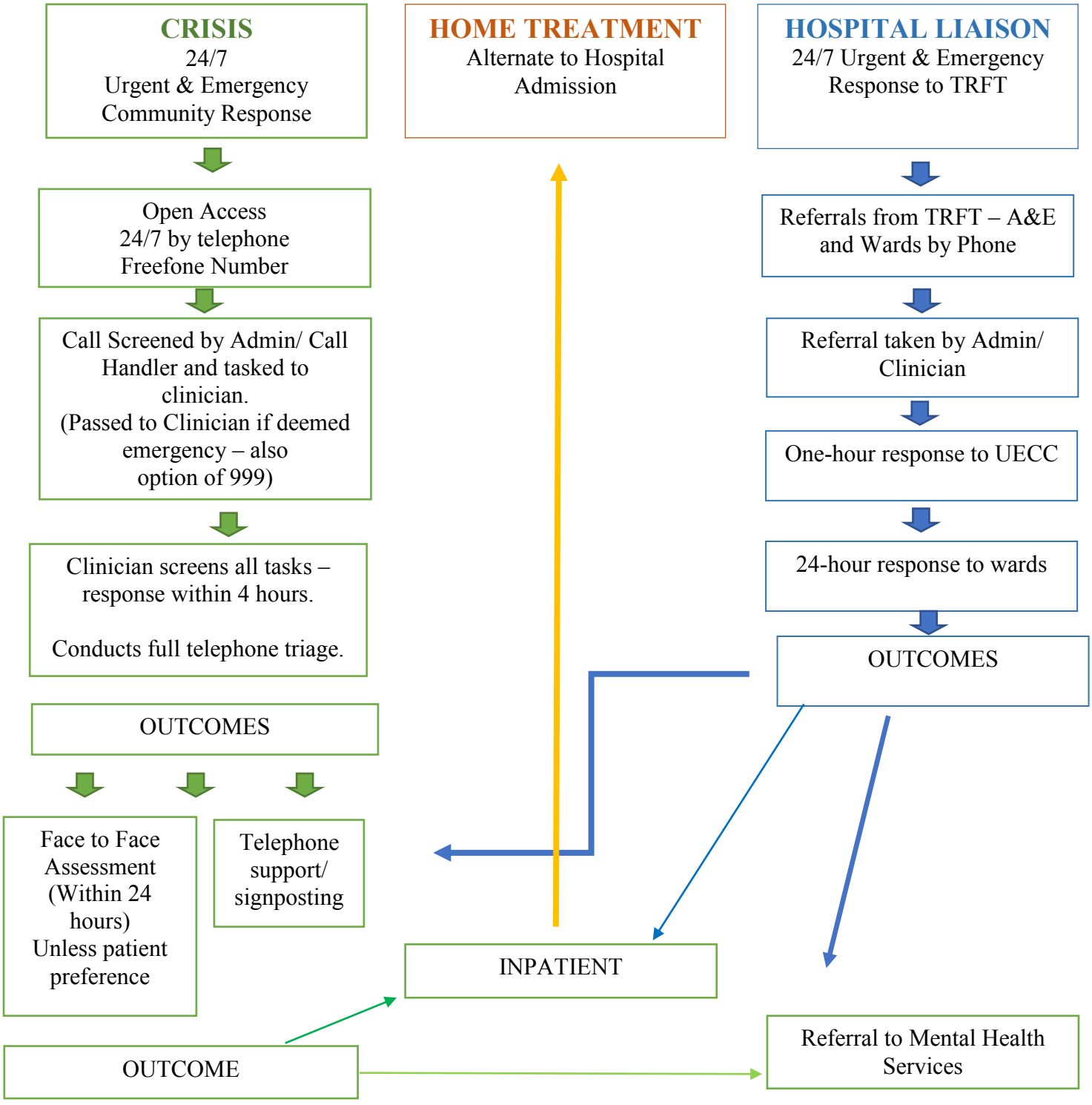
The call is clinically triaged, and the following options are available to the clinician:-

- Face to face assessment - at the person's home or at our Rotherham site at Woodlands. This is offered within 24 hours, routinely, patients will ask for the following day. A full assessment will be undertaken and the person signposted or referred as appropriate to their needs. A small number of patients can be kept on the crisis patient list for a short time (a number of weeks) if they require ongoing short-term support
- Referral to Group pathways, run by the Localities, offering Anxiety management, Mood groups, Emotional coping skills, Hearing voices groups.
- Referral to Home Treatment team to receive a period of assessment and support at home with input from a Consultant Psychiatrist.
- Respite stay in Cedar House, with support from the crisis team if required.
- Referral to the Crisis support worker to support with housing, benefits and attending appointments in the short term.
- Facilitate a hospital admission where Home Treatment is not appropriate.

Crisis – Pathways into the Service

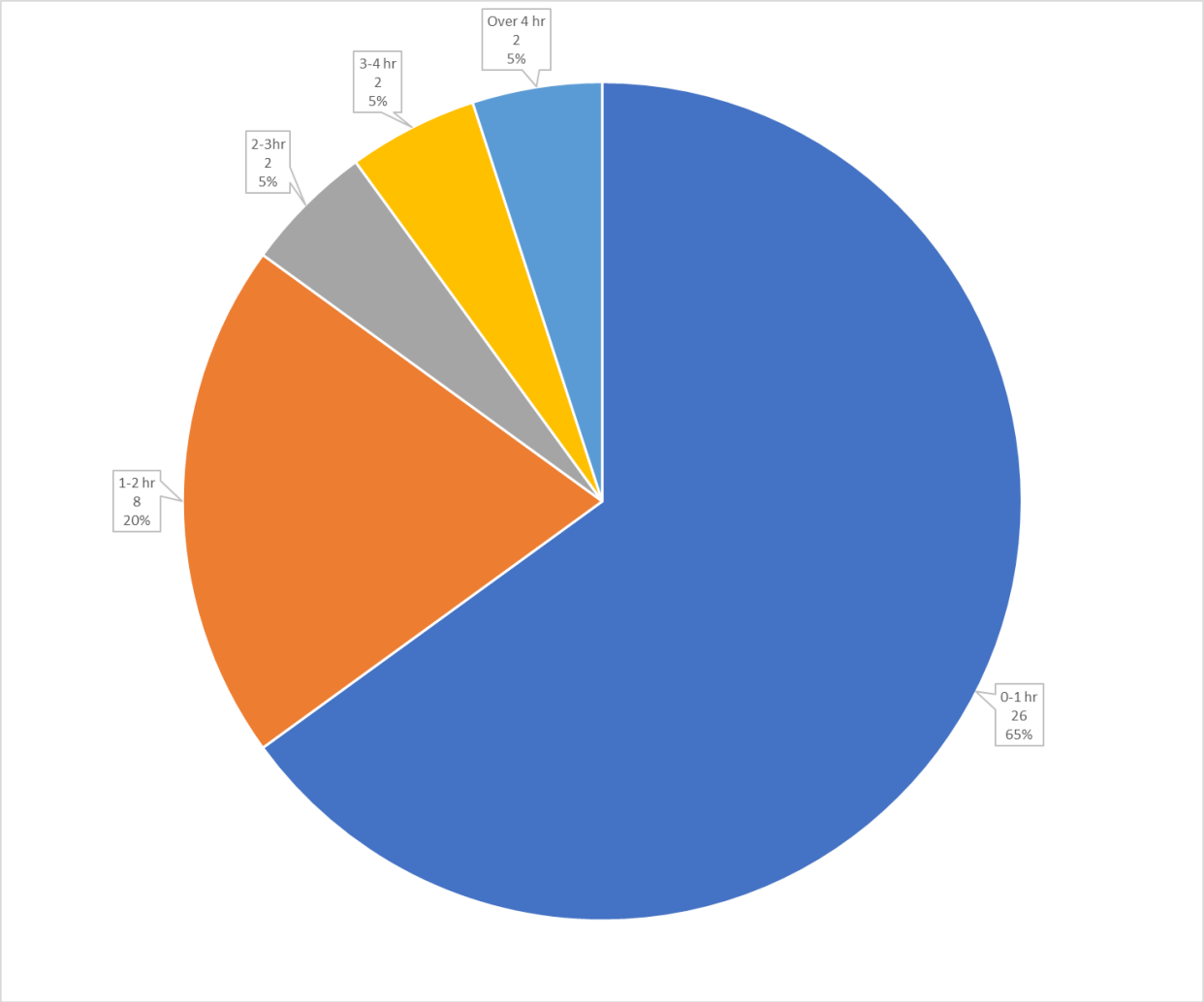
The flow chart below depicts the patient pathway in process map form for all elements of the Crisis service offered by RDASH for Rotherham patients.

The green flow represents the community offer, with referral options to the Home Treatment Team as an alternative to hospital admission. The blue flow highlights the Hospital Liaison pathway for patients in crisis who are in an acute physical health hospital setting – either accessing urgent & emergency care or admitted to a ward. This service also interfaces with the Home Treatment Team to ensure care at home is available following physical health intervention.


CRISIS
24/7
Urgent & Emergency
Community Response
HOME TREATMENT
Alternate to Hospital
Admission
HOSPITAL LIAISON
24/7 Urgent & Emergency
Response to TRFT
Open Access
24/7 by telephone
Freefone Number
Call Screened by Admin/ Call Handler and tasked to clinician.
(Passed to Clinician if deemed emergency – also option of 999)
Clinician screens all tasks – response within 4 hours.
Conducts full telephone triage.
OUTCOMES
Face to Face Assessment (Within 24 hours) Unless patient preference
Telephone support/ signposting
Referrals from TRFT – A&E and Wards by Phone
Referral taken by Admin/ Clinician
One-hour response to UECC
24-hour response to wards
OUTCOMES
INPATIENT
OUTCOME
Referral to Mental Health Services

Crisis – Clinical Triage Response Times

Taken as a Snapshot on 31st May 2022, 40 open cases were reviewed to look at clinical triage response times (time from referral to initial clinician call back).



Of the patient's sampled, 65% were clinically triaged within 1 hour and 85% were triaged within 2 hours.

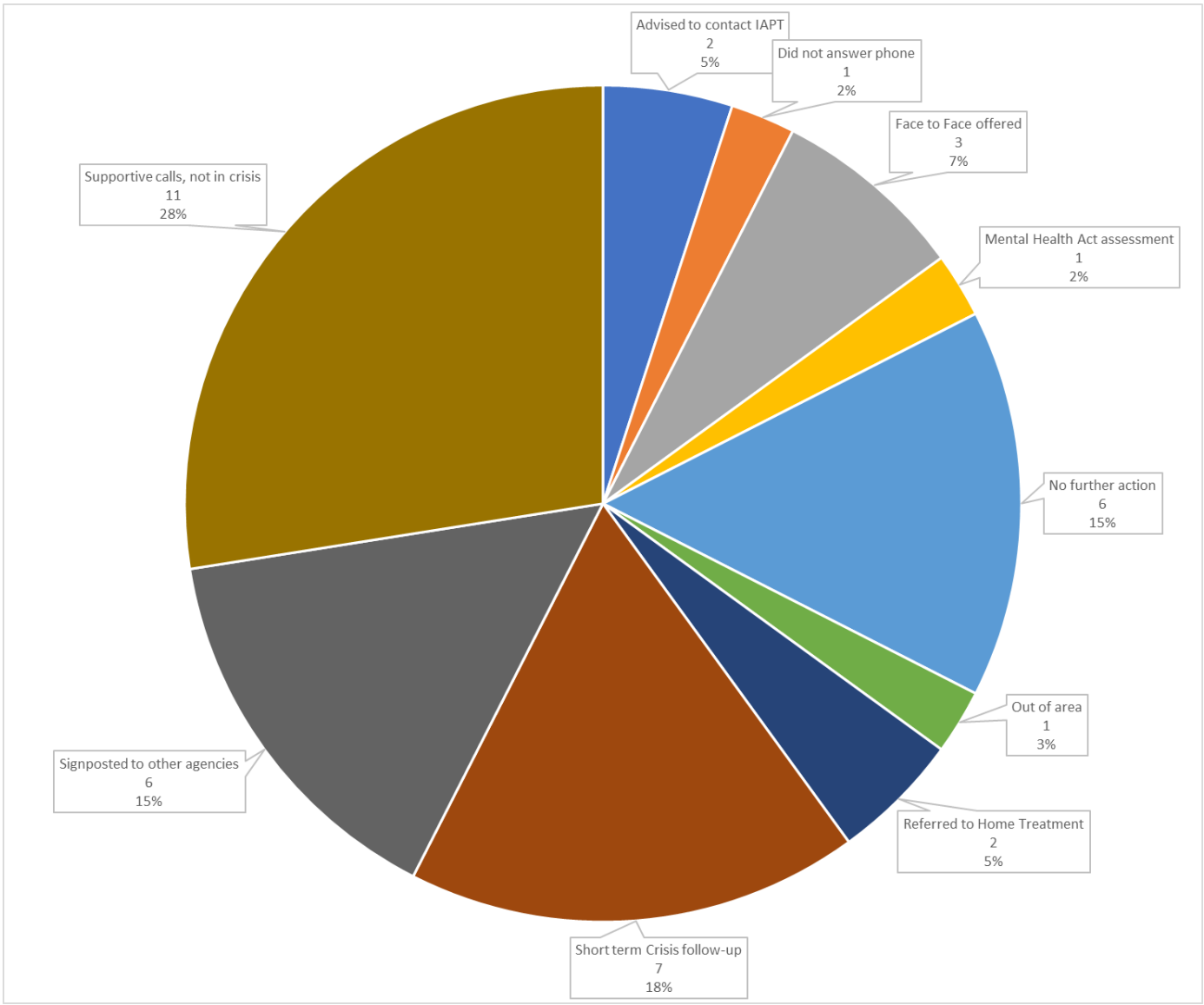
5% (2 patients) waited over 4 hours to be clinically triaged. Exceptions:-

- Build up of tasks while clinicians are on face-to-face assessments creating a backlog and delay in clinical triage
- Non-response of individual at time of call

Average time to Clinical Triage (patients in snapshot) – 65 minutes

Crisis – Outcomes

Taken as a Snapshot on 31st May 2022, 40 open cases were reviewed to look at outcomes.



Of the patients sampled, 28% were deemed not to be in crisis but these individuals still received a supportive call from a Crisis clinician. 18% remained with the Crisis team to receive short term follow up via telephone and 7% were offered face to face appointments within the team. 12% were referred on to other RDASH services and 15% of calls resulted in no further action following the initial clinical telephone triage.

Crisis - Patient Feedback

Patient feedback forms are sent to all patients who have had a face-to-face assessment, by post with a stamp addressed envelope for return. Return rates are low and we are currently reviewing alternative feedback options via text and email. This will be piloted in the Home Treatment Team in July 2022 and rolled out to the Crisis Team following this.

Below are examples of patient feedback received over the last 6 months.

Patient 1
"I was very nervous but the mental health practitioners made me feel at ease. This was the first time I had to deal with anything like this and i came away feeling in a much better place, it was a relief to be able to talk to someone who understood, didn't judge and didn't treat me like I had a illness or was less of a person"

Patient 2
"This was the first time I had spoken to someone face to face about my illness. This has really helped me. I hadn't fully understood everything that was happening. Now I do and have felt much better since. I appreciate all the follow up telephone calls and feel I can anything. Your support has changed everything. Thank you."

Patient 3
"Katrina has been amazing at retraining my thoughts. She got me! Thanks to Cheryl & Robin too in the beginning when I was a wreck. I still feel crappy at times, but I am working on it thanks for all the support you gave me. I am truly grateful."

Patient 4
Be clear on what the assessment is and what is involved prior to visit. Follow up and make things happen – don't just say things.

Patient 5
"Thank you very much for helping me. I felt so at ease & comfortable talking to you both. I so needed this 28 years ago. Andy's Man Club is just the tonic I have long awaited for. So many things to fix and so many wrongs to right. I finally have the support I have been desperately needing"

There have been no formal complaints raised against the Crisis Team in 2021/2022. The Hospital Liaison team have received one complaint during this period.

A Day in the Life of a Crisis Clinician

Crisis shifts are: (optimum staffing levels)

- 09:00-19:00 (2x clinicians)
- 12:00-22:00 (2 x clinicians)
- 21:00-07:00 (1 x clinician)

09:00 – Calls diverted back from Care Coordination Centre (take calls overnight from TRFT site)

09:00 – Clinician starts duty. Likely to be several electronic tasks remaining from overnight (can be up to 20) (Night worker deals with calls as they come through but some follow up calls will remain). 9am Clinician will prioritise calls, pick up urgent calls plus follow ups from the previous day.

The calls vary in content. Some calls are very simple, advice being sought and easily directed. Some calls can be extremely distressing to the staff if they are abusive or threatening in nature. The staff are very supportive of each other, and discussions do take place after difficult calls where possible.

Some calls can be less urgent, such as someone who has had a relationship break-up, and has been feeling low in mood. There may be no indication that this is a crisis, but the clinician will still give the person time to talk this through and offer any required advice.

There are calls where someone is really distressed, threatening to harm themselves immediately and the clinician needs to stay on the phone while another person rings the emergency services. There is often no way of knowing how long a call will last before making it.

Face to face appointments are booked when a telephone triage has been undertaken and a more in depth assessment is indicated. Frequently, an assessment will result in no further action, other than, for example advice about sleep hygiene and a referral to social prescribing or other community services. Less frequently, someone will be assessed as being acutely mentally unwell, and require a more intensive intervention such as hospital admission, although wherever possible, we refer into the Home Treatment team and use the Crisis beds available.

Following referral into the service, there are occasions when, on clinician call back for triage, the individual will not answer. It may be the person no longer wishes to speak to us, or the referral may have been made by another agency and the individual does not wish to engage. On these occasions the

clinicians will make at least 3 attempts to contact by telephone, then a follow up letter will be sent which includes supportive information on services and how to re-contact the team if required.

11:00 / 13:00 / 15:00 – pre booked face to face assessments following telephone triage – although times can be negotiated with the individual. Due to the risk of crisis work, face to face assessments are routinely done in pairs, often leaving one clinician in the office during these periods. We offer assessments at our base or in the person's home. Following each assessment the clinician needs to complete:-

- Full needs assessment
- Risk assessment
- A plan of care letter for the patient
- A GP letter

During the afternoon, the electronic tasks will have been building up, as the urgent incoming work will be prioritised.

17:00 calls go through to the Care Coordination Centre, so this alleviates some of the pressure of incoming calls directly. The call handlers (based at TRFT) screen the calls and task them to the team.

Rotherham Care Group Staffing Levels

Work is constantly ongoing to ensure we have the right staffing levels in all services to provide safe & effective care. As is reflected across the Trust and nationally throughout the NHS there are some staffing 'hot spots' which create challenges, however as a Care Group and wider Trust, there are multiple programmes of work in train to address this. These include:-

- Community Mental Health Transformation Programme – introducing a different skill mix and primary care support to reduce referrals into secondary mental health services

- International nursing recruitment – currently 5 international nurses in Rotherham Care Group from North Africa and South America

- Dedicated group to look at medical staffing & to address vacancies

- Executive review of Recruitment & Retention premia underway

- Pilot for Community Nursing safer staffing model underway (already in place on inpatient units.

- Proactive management of sickness across the Trust - Trust sickness target - 5.1%. Rotherham reported 6.7% cumulatively for 2021/22.

- Targeted workstream for Psychological professionals due to high vacancy rate. As at 31st May 2022 vacancy rate for this cohort significantly reduced to 0.6%.

- Targeted workstream for Allied Health Professionals – as above commencing June 2022.

- Innovative recruitment schemes e.g. bespoke videos for recruitment – highlighted benefits of working in Rotherham.

Rotherham Care Group – Staff Survey

Staff survey (2021/22)*

	
You wanted to see improvements in how we support your <u>Health and Wellbeing</u> in the following areas; 6c - Relationships at work are strained 11a - Does your organisation take positive action on health and well-being? 11c - During the last 12 months have you felt unwell as a result of work-related stress? 11d - In the last three months have you ever come to work despite not feeling well enough to perform your duties? 11g - Have you put yourself under pressures to come to work? 15b - In the last 12 months have you personally experienced discrimination at work from any of the following - manager/team leader or other colleagues	• We are ensuring that regular supervision, PDR's, team meetings are in place • We are encouraging staff to use the vast support offered by the Health and Wellbeing team such as wobble rooms and out of work activities (**see list below)** • We are utilising occupational health and PAM Assist where appropriate • We will be try to be as flexible as possible with staff in relation to flexible working requests, agile working etc.

*2022/23 staff survey results out May 2022 – engagement events / actions plans in progress

Rotherham Care Group Staff Wellbeing

Rotherham, Doncaster & South Humber NHS Foundation Trust invest heavily in staff health & wellbeing in terms of mental health, physical health & financial wellbeing. The Trusts health & wellbeing offer has been refreshed and expanded during the Covid 19 pandemic and this continues as we address other challenges faced by staff such as support for staff affected by the war in Ukraine and the cost of living crisis.

Mental Wellbeing Offers

- Employee Assistance Programme – Supporting volunteers and employees with any concerns, from money worries and relationship troubles to stress and anxiety 24/7.

- On-site counsellors at The Woodlands and Swallownest Court – providing face to face advice to employees and managers.

- Mental Health First Aid Virtual Training- offered internally

- Health Champions throughout the organisation to support colleagues and signpost to help.

- Occupational Health – providing advice on reasonable adjustments. Physiotherapy, confidential counselling and more intensive psychological therapies.

- South Yorkshire and Bassetlaw Mental Health Hub -training and fast track mental health support and a Long Covid Clinic.

- Health and Wellbeing “Wobble Rooms” – During the Covid-19. These remain in place at each of the Rotherham premises/service sites.

Physical Wellbeing Offers

- Free access to a 12-week Slimming World programme.

- National 12 Week Digital Weight Management Support for NHS Colleagues

- Health Shield health cash plan
- Kaido Wellbeing Challenge (on-line team building challenges)
- Free national fitness platform to access at home - Be Military Fit – with nutritional information and live fitness classes
- On site Gym facility at Swallownest Court – available to all staff.

Financial Wellbeing Offers

- Salary Finance – offering financial education and loans to employees
- Salary Advance Scheme
- Transave Credit Union – Not for profit organisation offering saving schemes and loans to employees.
- NHS Fleet Solutions – Salary sacrifice cars with monthly payment taken directly from salary.
- School Uniform Bank
- Financial well-being leaflet
- Cycle to Work Scheme
- Home Electronics – Furniture, electronics can be purchased and the cost spread over 12-24 months and monthly payments taken directly from wages.
- Current additional pressures for staff around travel costs both to and in work and the increasing cost of living factors are being considered

Community Mental Health Transformation (Place)

Key deliverables in the Long Term Plan by 2023/24

Core model

A new, inclusive generic community-based offer based on redesigning community mental health services in and around Primary Care Networks, contributing to 370k minimum access number by 23/24

Dedicated focus areas

Improving access and treatment for adults and older adults with a diagnosis of 'personality disorder', in need of mental health rehabilitation and eating disorders, contributing to 370k minimum access number by 23/24

Physical health

Increasing the number of people with SMI receiving a comprehensive physical health check to a total of 390,000 people per year

Employment Support

Supporting a total of 55,000 people a year to participate in the Individual Placement and Support programme

Early Intervention in Psychosis

Maintaining the 60% Early Intervention in Psychosis access standard and ensuring 95% of services achieve Level 3 NICE concordance

NHS Rotherham Year 2 (2022/23) Road Map - Priorities for CMHT transformation for Mental Health Trusts, Primary Care, Social Care, VCSE providers, Community Leaders, Underserved Community representatives' (correct as at 11.05.22)

Model development	Care provision	Workforce	Data & outcomes	*Dedicated focus*[5] CEN / 'personality disorder'	Community rehab	Eating disorders
Joint governance with ICB oversight[1]	'Must have'[2] services commissioned at PCN level tailored for SBII	Recruitment in line with indicative 21/22 MH workforce profile	Record activity data from new model (inc. primary, secondary and VCS orgs)	Commenced work on 2 of 3 dedicated focus areas (Systems undertaking transformation should meet the below expectations for relevant areas)		
Model design coproduced with service users, carers & communities	'Additional' services commissioned at PCN level tailored for SBII	Expand MHP ARRS roles in primary care	Interoperable standards for personalised and co-produced care planning	Dedicated function linked to core model: increased access to dedicated function and consultation, support, supervision and training to core model		
Integration with primary care with access at PCN level[3]	Improved access to psychological therapies	Staff accessing national training to deliver psychological therapies	Routine collection of paired outcome scores for PROMs	Embed experts by experience in service development and delivery		
Commissioning and partnership working with range of VCSE services	Tailored offer for young adults and older adults	Multi-disciplinary place-based model[4] in place	Waiting time standard for CMH services (core and dedicated focus areas)	Development of trauma-specific support, drawing on VCSE provision	Ensure a strong MDT approach[6]	No barriers to access e.g. SBII or weight thresholds
Integration with Local Authority services	Evidence the impact of advancing inequalities for underserved communities	Staff retention and well-being initiatives	Interoperability b/w primary, secondary & VCS (e.g. shared care records)	Co-produced model of care in place support for a diverse group of users	Clear milestones are in place to reduce reliance on inpatient provision	Early intervention model (e.g. FREED) embedded
~33% PCN coverage for transformed model	Improved support for co-occurring physical needs (e.g. substance misuse)	Dedicated resource to support full range of lived experience input			Co-produced care and support planning is undertaken	Clear arrangements in place with primary care for medical monitoring
Shift away from CPA	Embedded trauma-informed & personalised care approaches	Staff-caseload ratios to deliver high quality care				Support across spectrum of severity and type of ED diagnoses
Alignment of model with IAPT, CYP & perinatal	No 'wrong door' approach means no rejected referrals recorded	Place-based co-location approaches				Joint working with CYP ED services including transitions
						Accept self-referrals, VCS referrals and Primary Care referrals.

In place by end of year
In progress by end of year
Planning underway by end of year

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Community Mental Health Transformation (CMHT) Rotherham PLACE - Progress So Far

Core Model

- Rotherham CMHT Specialist Team & Programme Manager now recruited
- Monthly Rotherham CMHT Steering Group meeting in place (2021/22)
- Model Development Workshop (co-produced with Lived Experience input) agreed (May 2022) - themes being developed
- Year 1 2021/ 22 Mobilisation (recruited during year):
    - Additional Roles Reimbursement Scheme (ARRs) Primary Care Specialist Mental Health Practitioners (band 7s) now in post (6.8 wte)
    - 2 Trainee Clinical Associate Psychologists (CAPs) in post
    - 4 Mental Health Wellbeing Practitioners recruited
- CCG Peer Support Lived Experience Workers- Tender & Evaluation complete (June 2022)

Key progress being made under each dedicated workstream to achieve Road map ambitions:

Personality Disorders

- Recruitment 0.8 wte Principal Psychology Lead in post
- Early intervention / self-management resources commissioned by the CCG:

Eating Disorders

- 2021/22 CCG Commissioned South Yorkshire Eating Disorders Association (children and adults).
- Eating Disorders and Older People Top Tips guidance for GPs developed (RDaSH / CCG)

Mental Health Rehabilitation

- Attain commissioned to review current provision and make recommendations.

Individual placement support for people with Severe Mental Illness (SMI)

- ICS-wide fidelity compliant Individual Placement & Support service commissioned until Autumn 2022 Rotherham CCG agreed expansion of the service as part of 2022/23 planning agreement

Physical Health Checks for People with Severe Mental Illness (SMI)

- SMI Local Enhance Service (SMI LES) in place in all GP practices 21/ 22. Rotherham exceeding national average.