

## Rotherham Secondary Care Mental Health Services 30 June 2022

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\*Learning Disabilities and Neurodevelopment pathways have been omitted from this presentation following recent detailed presentations being delivered in this forum

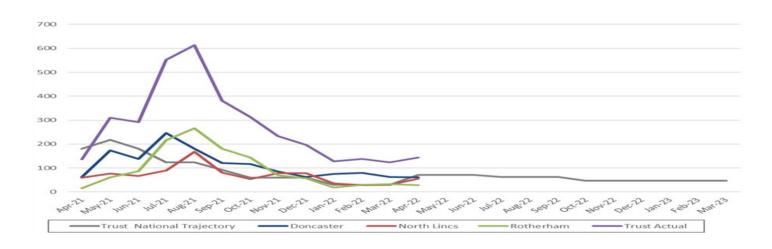


## **Inappropriate Out of Area Placements**

## Rotherham Doncaster and South Humber

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An inappropriate out of area placement for acute mental health in-patient care is defined as when a person with assessed acute mental health needs who requires adult mental health acute inpatient care, is admitted to a unit that does not form part of their usual local network of services. This means an inpatient unit that does not usually admit people living in the catchment of the person's local community mental health service, and where the person cannot be visited regularly by their care co-ordinator to ensure continuity of care and effective discharge planning.



<sup>\*</sup> all out of area placements for the last 6 months have related to Psychiatric Intensive Care

## **Early Intervention in Psychosis**

At Risk Mental State (ARMS)

<b>Current Waiting List</b>	Current Wait Next Appointment
0	Less than 2 Weeks



#### **Performance Indicators**

Service Users offered Cognitive behavioural therapy
Service Users allocated a lead professional / care coordinator within 2 weeks

## First Episode Psychosis (FEP)

Current Waiting List	Current wait for next appointment
1	Less than 2 weeks

#### **Performance Indicators**

Patients seen & treatment started within 2 weeks of referral

Service Users with Psychosis will receive Cognitive Behavioural therapy for Psychosis

Service users will receive family intervention

Service users will receive an annual physical health review

Service users offered physical health interventions

Service users with first episode of psychosis take up supportive employment & education programmes

Carers take up carer education and support programmes



## **Early Intervention in Psychosis**



#### **Performance**

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 National Clinical Audit of Psychosis – annual audit awaiting approval – projected NCAP level 4 (top performance) – to be confirmed June / July 2022 (see next slide for NCAP standards)

## **Day to Day Challenges**

 Engaging families / carers and providing the necessary level of support, education, and skills to maintain their caring role

### **Improvements**

- Development of family therapy offer currently looking at different models based on patient feedback.
- Planned implementation of patient engagement forum 2022

#### **Patient Feedback**

Patient feedback response rates very low from 'your opinion count forms'. SMS trials in other MH services with a view to being rolled out if successful. Anecdotal feedback very positive. There were no formal complaints raised against this service in 2021/22.

## **Early Intervention in Psychosis**



## National Clinical Audit of Psychosis (NCAP) – Standards

Service users with first episode of psychosis:-

- Start treatment within 2 weeks of referral
- Take up Cognitive Behavioural Therapy (CBT)
- With families take up family interventions
- Offered Clozapine if not responded adequately with at least two antipsychotic drugs
- Take up supported employment & education programmes
- Receives an annual physical health review
- Offered relevant interventions for their physical health
- Carers take up carer focussed education & support programmes

# Older People's Mental Health / Memory Clinic



## **Assessment / Diagnostic**

	Average Wait Next Appointment	Longest Wait Next Appointment
568	29 weeks	41 weeks

#### **Performance Indicators**

- RTT waiting time (18 weeks)
- RTT Diagnostic waiting time (6 weeks)

# Older People's Mental Health / Memory Clinic



#### **Performance**

- RTT waiting time ( within 18 weeks) 32% (target 92%)
- RTT Diagnostic waiting time 13% (within 6 weeks)

#### **Day to Day Challenges**

 Capacity & demand / staffing challenges – current model includes ongoing annual medication reviews

#### **Improvements**

 Implementation of new Local Enhanced Service – agreed discharge of patients back to primary care following diagnosis & stabilisation. This will free up resource to focus on the diagnostic part of the pathway to reduce waits & significantly improve patient pathway.

#### **Patient Feedback**

 Patient feedback response rates very low from 'your opinion count forms'. SMS trials in other MH services with a view to being rolled out if successful. There was one formal complaint raised against this service in 2021/22



#### **Perinatal Services**



Current Waiting List	Current Wait Next Appointment
0	Under 10 days

## **SHADOW Performance indicators (new service)**

- Annual Assessments 4.5% of the total birth rate in Rotherham (based on 2016 birth rate –
- 147 pa)
- Initial Assessment within 10 working days

#### **Perinatal Services**



#### **Performance**

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- Annual Assessments 4.5% of the total birth-rate in Rotherham (based on 2016 birth-rate data 147 pa) over-achieved for 2021/22
- Initial Assessment within 10 working days achieving June 2022 staffing issues Q4 / Q1 resulted in increased waits for first assessment

## Day to day challenges

- Capacity and Demand is significant for assessment
- Significant number of new staff just recruited and in post in-role training

### **Improvements**

- Ongoing work to develop and offer psychology pathways
- Different disciplines of staff now in post and developing more holistic offer

#### Patient feedback

- Really positive around service delivery
- Monthly agreement in place with 'experts by experience' gaining feedback for the service.
- There were no formal complaints raised against this service in 2021/22

## **Other Community Services**

To ensure full oversight of access into all Rotherham services, below demonstrates current waiting list numbers and average wait to next appointment for all community services not previously summarised.



Service	Current Waiting List	Current wait for next appointment
Assessment & Formulation	800	15 weeks
Assertive Outreach	0	0
Adult MH CMHT South	3	1.5 weeks
Adult MH CMHT North	10	3 weeks
Older People MH CMHT South	19	2 weeks
Older People MH CMHT North	9	2.5 weeks

## Day to day challenges

- Staffing issues particularly medical staffing with vacancies across the care group
- Increase in referrals & increase in acuity of those being referred more complex case mix

## **Improvements**

 New Care Group Director in post May 2022, plan for 'deep dive' into each service during 2022/23 to identify service improvements



## Addressing Health Inequalities

Contribution to the developing picture, through:



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- Rotherham Prevention & Health Inequalities Group
- Contributing to the Rotherham Prevention & Health Inequalities Action Plan
- Building the NHS England / Integrated Care Board Place development programme for Rotherham
- Monthly Trust wide DAWN (disability & wellbeing network)
- Monthly Equality Diversity & inclusion Programme
- Use of the health passport for staff who have a disability
- Use of 'tasks' on clinical system to ensure any additional needs of patients are clearly recorded
- Work commenced to look at local demographics of deprivation
- Care Group attendance at Trust Anti-racism meeting to pilot a local Rotherham Care Group in July 2022
- Bespoke transgender awareness training to be delivered in conjunction with the Patient Focus Group.
- Care Group Representation at LGBTQ+ role model training delivered by Stonewall

## Addressing Health Inequalities Next 12 – 18 Months



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This will be working with partners at place and systems (where applicable)

- Learning about better service take-up, focus upon IAPT initially
- Reporting on equality service access, outcomes and experience (protected characteristics, 20% most deprived areas)
- Digital inclusion and accessibility
- Primary care: completeness of GP records
- People who don't fall into 'protected characteristics' (e.g. rough sleepers)
- Start to develop and use our data, plus work on where we need to do more to make reporting more systemic (e.g. complaints)