

Norfolk and Suffolk NHS Foundation Trust – mental health services in Norfolk

Recommendations made by Norfolk Health Overview and Scrutiny Committee, 7 December 2017

Responses from NSFT and the 5 Norfolk CCGs on 18 January 2018 and updates in March 2018

Recommendations (7 Dec 2018)		To	Responses
NSFT's overall approach to improvement			
1.	NSFT should ensure that service user participation in NSFT's improvement is genuine co-production, with the broadest range of service users possible and should monitor whether the service user participation is representative of the service user population as a whole.	NSFT	Jan 2018 Accepted Service user and carer Forums have been established in January and February and are being set up on a quarterly basis. This is to enable SU and carer engagement and involvement in our plans and to hear about our progress from executive directors. The Forums are open to all SUs and carers who wish to participate. Following the first round of sessions we will take stock about what has worked and ensure we address any shortcomings to make the sessions as co-produced as possible.
2.	NSFT should give clear, easy to understand feedback to all service users about what service changes or developments have taken place as a result of their feedback, along with information on how to escalate concerns if the feedback is not acted on without reasonable explanation.	NSFT	Jan 2018 Accepted Feedback on developments will be provided at the Forums and we will encourage SUs to be part of the development of services. Any concerns can be discussed with any member of the Exec Team, Governor or Freedom to Speak Up Guardian.
Availability of beds and out of trust / out of area placements			
3.	NSFT should give NHOSC a more detailed account to provide assurance of its oversight of	NSFT	Jan 2018 Accepted

Recommendations (7 Dec 2018)		To	Responses
	the service received by patients in out-sourced beds.		The Trust has a protocol which will be forwarded separately. (See Appendix 1 attached)
4.	The CCGs should provide funding to enable NSFT to open 15 adult acute beds at Yare Ward, Hellesdon Hospital.	CCGs	<p>Jan 2018 Partially accepted Discussions over the commissioning of services are taken in accordance with the planning round and associated timelines. The planning round for 18/19 commences in quarter 2 2018. Alternative steps may apply in exceptional circumstances however due process and governance must be followed at all times. To include:</p> <ul style="list-style-type: none"> • Proposals for additional services, including beds, must be evidenced based, clinically appropriate and in accordance with national guidance. • Decisions as to the type of services to be commissioned must adhere to CCG approval processes. • Depending on the material or reputational impact, these decisions may be subject to consultation, or wider scrutiny. • Depending on the material value competitive tender or procurement may apply. <p>Whilst the recommendation to fund additional beds is acknowledged, the CCG cannot side-step due process as outlined above. The HOSC debate on the 7th Dec will recall that the discussion had already been had about whether further beds might be required as an interim step in advance of the forthcoming Crisis Hub. These discussions, in partnership with NSFT are still ongoing and will follow the method and route outlined above. The outcome of this will be known in due course.</p> <p>March 2018 update</p>

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			<p>The initial response above should have read “The planning round for 19/20 commenced in Quarter 2 2018”. Meaning that any discussions in relation to the commissioning of these beds will be taken forward over this period of time. To date NSFT have not put forward any formal business case in relation to the proposal to open 15 beds in Yare Ward. There have been discussions about further step-down beds and a dedicated out of area / DTOC post to specifically monitor and reduce placements. These initiatives have already begun and the OOA numbers are reducing. See below for further details of step down beds (<i>i.e. Appendix D</i>).</p>
Staffing			
5.	NSFT should consider use of retention bonuses rewarding length of service and special responsibility payments for hard to recruit areas.	NSFT	<p>Jan 2018 Partially accepted We have agreed an incentive payment scheme in those areas where it is hard to recruit.</p> <p>The recruitment incentives are:</p> <ul style="list-style-type: none"> • A one-off premium payment of £10k is paid to externally appointed consultants (payback arrangements are in place if they leave within 2 years) • A one-off premium payment of £3k for band 5 and band 6 registered nurses in hotspot areas, with payback arrangements within 2 years • A ‘Recommend a Friend’ incentive scheme payment of £200 on successful appointment/probationary period.
6.	NSFT should consider the business case for ‘return to practice’ incentives for:-	NSFT	<p>Jan 2018 Accepted</p>

Recommendations (7 Dec 2018)		To	Responses
	<ul style="list-style-type: none"> i) Those who are out of service that still have valid professional registration ii) Those whose professional registration has lapsed 		The Director of Nursing offers £500 incentive payment on commencement and a further £500 on completion of a specified number of hours (depending on circumstances) for return to practice nurses.
7.	NSFT and the CCGs should liaise with all the Local Housing Authorities in Norfolk to identify housing opportunities available for incoming staff.	NSFT & CCGs	<p>Jan 2018 NSFT - Accepted We will investigate whether there is any support Local Housing Authorities can offer to help with recruitment and retention of staff.</p> <p>CCGs - Accepted CCGs would welcome the opportunity to investigate this further. (Please can you put us in touch with the HOSC Cllr who made this suggestion? Alternatively please can you signpost us to the named leads in the Districts whom we might liaise with to take this forward?)</p> <p>Note – the relevant District Council contact details were provided to NSFT and the CCGs on 19 January 2018.</p> <p>March 2018 update CCGs - Contact has been made with the Chair of the Housing Advice Allocation Liaison Officers (HAALO) group who is liaising with its members to consider what options may be available to incoming NSFT staff with relation to support to obtain housing. It is felt that work in this area could more usefully be taken forward within wider conversations relating to health workforce development across the Norfolk and Waveney STP. The HAALO group are discussing the NSFT elements at their March meeting</p>

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			and a verbal update on the outcomes of this can be provided to HOSC.
Future commissioning strategy and funding			
8.	The CCGs should develop a formula for funding that takes into account increases in referrals to secondary mental health care and demographic variation.	CCGs	<p>Not accepted</p> <p>Parity of Esteem is the nationally recognised expectation by which CCGs meeting their funding requirements for mental health provision. It is a requirement that CCGs adhere to this central directive, ignoring this and developing a local alternative would not be permissible.</p> <p>Whilst CCGs can petition regulators to review how their funding is allocated, they cannot insist that changes are made.</p> <p>All the central CCGs have met, and in some instances, exceeded their parity of esteem requirements since the term was defined nationally.</p> <p>March 2018 update</p> <p>No update required – recommendation not accepted by CCGs.</p>

**PROTOCOL & FLOWCHART FOR THE PLACEMENT OF SERVICE USERS IN
OUT OF AREA / PRIVATE CARE**

This flowchart has been developed as a reminder for all staff when considering an out of area or private placement, to ensure that all reasonable considerations have been made. The guidance is issued following learning from an incident in Hertfordshire which can be accessed at

http://www.mills-reeve.com/herfordshire_partnership_trust_July2012.

The guidance applies to all services and age groups across the Trust.

All practitioners have a statutory responsibility to recognise and report safeguarding concerns to safeguard children and vulnerable adults. If you are concerned about a placement, or a staff member's behaviour within that placement, a safeguarding referral must be considered alongside any report of a clinical or quality concern. Please contact the NSFT Safeguarding Team for advice; 01603 421311 / 273 / 363 or 01284 755087.

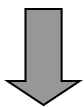
There are four types of out of area placement:

1. Service user to be placed by the specialist commissioning group – see part 1
2. Adults to be placed in beds commissioned by the Trust – see part 2
3. Older people placed in residential care – see part 3
4. Learning Disability placements commissioned by CCGs – see part 4

Part 1

Applies to:

- Tier 4 CAMHS
- Secure Services
- Eating Disorder Services
- Perinatal Services
- Learning Disability Services



Follow the process set out by EoE SCG.

The care co-ordinator remains responsible and must ensure they organise and attend regular CPA reviews.

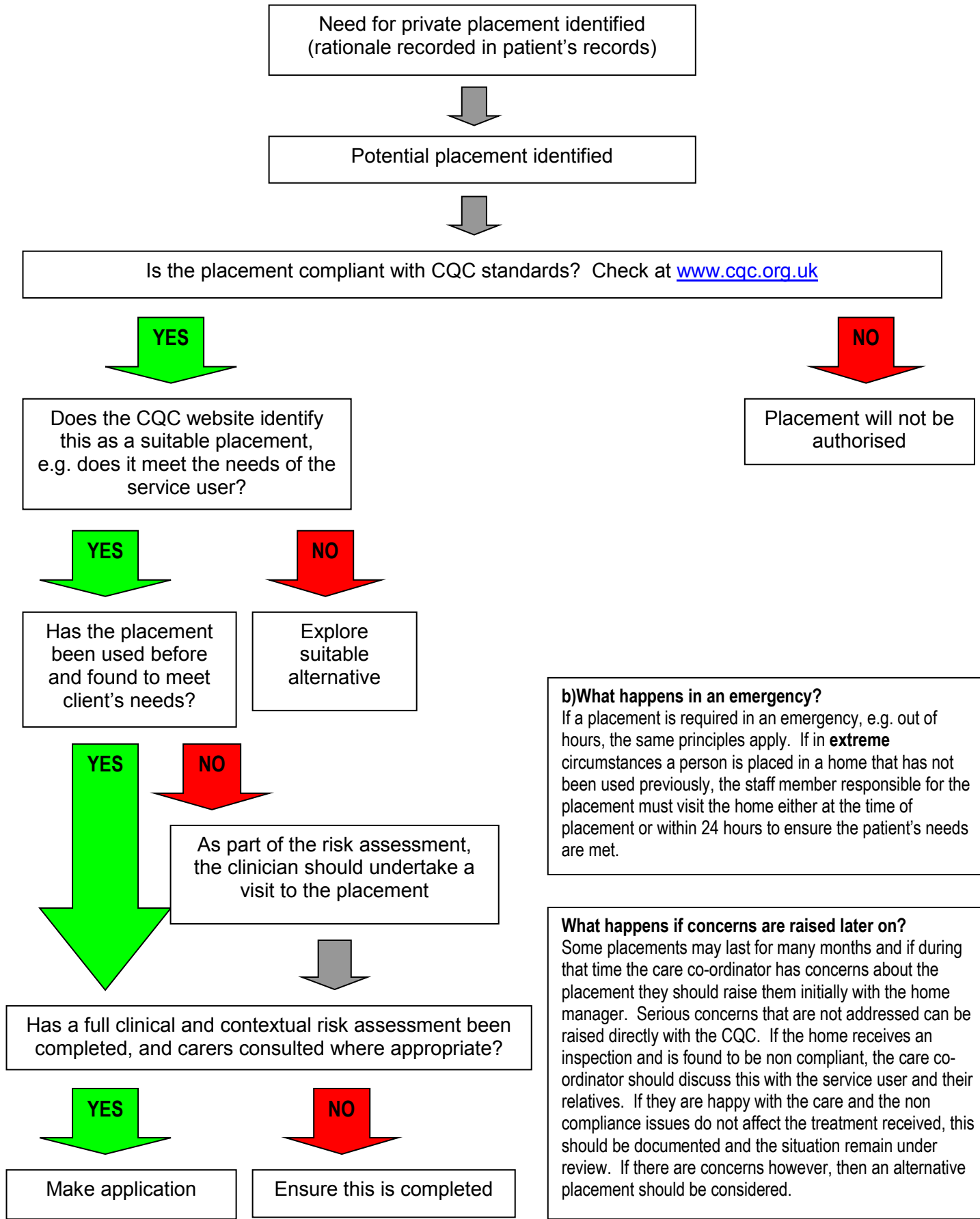
What happens if concerns are raised about the placement?

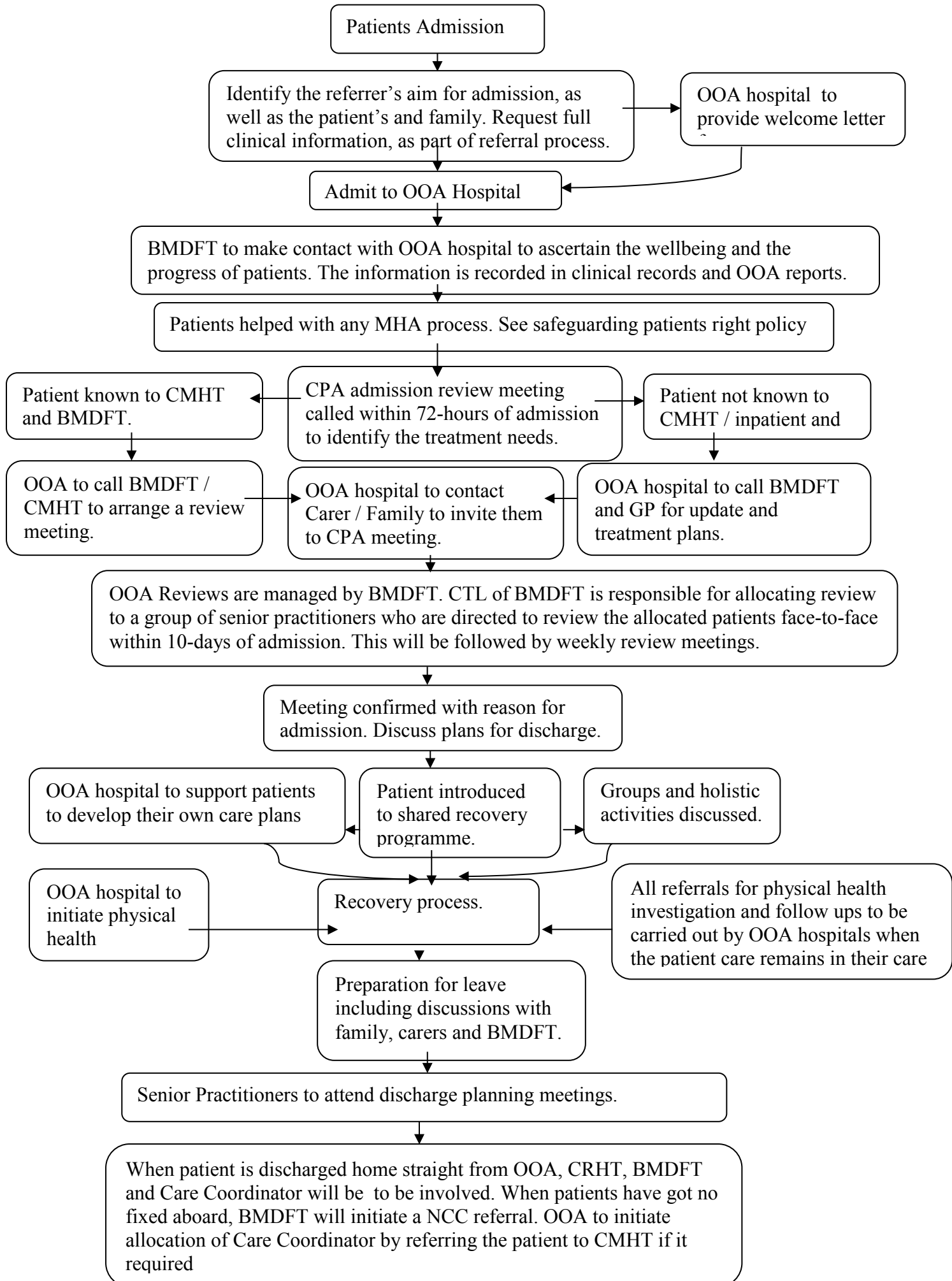
The area team monitor the quality of placements but if a member of staff has clinical concerns about the care being given at the home, they should report this to Sue Barrett on 01603 421617 or sue.barrett@nsft.nhs.uk.

Part 2. The need to find a placement for an adult may arise for two reasons, a) a specialist placement is required to meet their needs and b) when the Trust has no beds available in an emergency situation.

Applies to:

a) Adults to be placed in beds commissioned by the Trust







CRHT to be informed by OOA hospital if the patient requires a trial leave before finally discharged from hospital. In that case CRHT will do the discharge process after the trial leave. BMFT to be kept informed..

Part 3

Applies to:

Older people placed in nursing or residential care commissioned by Norfolk or Suffolk social services.

Any concerns with the care in nursing and residential homes should be reported to the active social worker (if available) or directly to the County Council.

Part 4

Applies to:

Learning Disability placements commissioned by Clinical Commissioning Groups

