

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

Suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager

The Clinical Commissioning Groups' and Norfolk and Suffolk NHS Foundation Trust's responses to recommendations made by Norfolk Health Overview and Scrutiny Committee in December 2017 and an update on progress with the Improvement Plan to address issues identified by the Care Quality Commission in July 2017.

1. Background

- 1.1 Representatives of Norfolk and Suffolk NHS Foundation Trust (NSFT) and South Norfolk Clinical Commissioning Group (CCG), the lead CCG for mental health in Norfolk and Waveney, attended Norfolk Health Overview and Scrutiny Committee (NHOSC) on 7 December 2017. NSFT and the CCG reported on the action plan in place following the Care Quality Commission (CQC) inspection in July 2017, which rated NSFT as 'Inadequate'. The report (agenda item 6) and minutes of the meeting are available on the County Council website [NHOSC 7 December 2017](#)
- 1.2 The CQC gave NSFT a list of 'must dos' and 'should dos' to be addressed before a follow-up inspection on these matters, which would occur before July 2018. A full re-inspection of NSFT's services was expected in autumn 2018. Both the CQC and NHS Improvement (NHS I), the regulator of NHS trusts, were monitoring NSFT's progress, the Trust was 'buddied' with the East London NHS Foundation Trust (ELFT) which was rated 'outstanding' by the CQC and an Improvement Director, Philippa Slinger, was in place to assist the Trust.
- 1.3 NHOSC made 8 recommendations to NSFT and the CCGs regarding service user engagement, oversight of patients in out-sourced beds, service funding and incentives for staff recruitment. Responses were received on 18 January 2018 and included in the NHOSC Briefing for February. An updated version, with progress on accepted recommendations, is attached at **Appendix A**. This includes NSFT's protocol for placement of patients in out-of-Trust care.
- 1.4 During discussions on 7 December 2017 about levels of spending and the number of referrals to NSFT's services, a point was made about the proportion of funding for NSFT in comparison to other CCG spending. It was agreed that the issue, which involved analysis of figures in NSFT's report, would be put in writing to the CCGs. This and the CCGs' response were circulated to Members in the NHOSC Briefing in January 2018 and are attached at **Appendix B**.
- 1.5 In December 2017 NSFT agreed to invite Members of NHOSC to visit mental

health services to learn more about progress. Visits took place as follows:-

8 March 2018 – The Fermoy Unit, King's Lynn

26 March 2018 – Hellesdon Hospital and Julian Hospital, Norwich

- 1.6 At NHOSC on 22 February 2018 a Member referred to research by the Royal College of Psychiatrists (RCP) published on its website on 21 February 2018:-
[Royal College of Psychiatry - mental health trusts' income 2012 - 2017](#)
The RCP found that mental health trusts in England have less money to spend on patient care in real terms in 2017 than they did in 2012, and it noted increasing demand for services in the same period.

- 1.7 In the January and February NHOSC Briefings Members received updates on the public engagement process and progress towards provision of a Community Wellbeing Hub in Norwich for people with mental distress and mental ill-health. Establishment of the proposed Hub, which had previously been referred to as a Crisis Café or a Crisis Hub, was part of the action to enable NSFT to manage within existing bed numbers, following a Bed Review at the Trust in early 2017.

It was originally expected that the Hub would be established by December 2017 but the CCGs later agreed to adjust the timeline to include a full procurement process. They had been successful in bidding for capital funding through the Places of Safety fund in 2017 and adjusting the timeline meant that it was not possible to comply with the Place of Safety fund bidding process, so that source of funding was no longer available.

The CCGs second funding route was the national Sustainability Transformation Plan (STP) capital fund. In January 2018 they were informed that their bid for development of the Hub had been shortlisted and were waiting to hear whether it had been successful. There was no firm date for confirmation of the capital funding and the CCGs stated that the Hub project would not be viable unless the funding was received.

The project was expected to take 12 months from its start to the opening of the Hub and CCGs said it would commence as soon as the capital funding was available.

- 18 On 22 February 2018 NSFT Board of Directors received a progress report on the Trust's improvement plan, which included a full dashboard of 25 'must do' and 'should do' actions and whether or not they were on track to deliver:-
<http://www.nsft.nhs.uk/Event/Pages/Board-of-Directors-Ipswich.aspx>
Item 18.31(E), page 22 – 36.

The areas that were not on track at that point were:-

- Ligatures (i.e. removal of risks)
- Staffing (i.e. sufficient staffing levels)
- Personalised care
- Prescribing (rapid tranquilisation)

2. Purpose of today's meeting

- 2.1 As well as receiving NSFT and CCG responses to the committee's

recommendations, NHOSC has asked NSFT to set out progress in response to the CQC's 'must do' and 'should do' action list and with the wider systemic challenges that emerged from the CQC inspection, including issues such as leadership, staff engagement, clinical engagement and the culture within NSFT.

- 2.2 When Mr Antek Lejk attended NHOSC in October 2017 as lead for the Norfolk and Waveney Sustainability Transformation Plan (STP) he spoke of the need for a fundamental review of mental health services. In January 2018 the STP partnership was considering an engagement event to co-create a new vision for mental health services. The CCGs have been asked to update NHOSC on this wider work.
- 2.3 In addition NSFT and the South Norfolk CCG (lead CCG for mental health commissioning in the Norfolk and Waveney STP area) have been asked to provide specific information about the current situation in local mental health services in regard to out of Trust placements, out of home area placements, demand and income, waiting times, staff vacancy rates, results of the service user and carer review mentioned at NHOSC on 7 December 2017, the Community Wellbeing hub, the Mental Health Investment Standard and potential for additional beds at Yare Ward, Hellesdon Hospital, Norwich.

NSFT's report is attached at **Appendix C** and South Norfolk CCG's report is at **Appendix D** and representatives will attend the meeting to answer Members' questions.

3. Suggested approach

- 3.1 After the representatives from NSFT and South Norfolk CCG have presented their reports the committee may wish to discuss the following areas:-
 - (a) On 7 December 2017 NHOSC heard that performance issues with the Lorenzo electronic records system had been escalated and the interim Chief Executive was working with NHS Digital and the system supplier to set a date by which improvements would be made. NSFT's report (Appendix C – Appendix 1) acknowledges that improvements have been made to the system but that progress has not been sufficient. What more can be done to provide reliable access to clinical records?
 - (b) As at February 2018 NSFT's Improvement Plan was not on track in terms of ensuring sufficient staff, removing ligature risks, providing personalised care and prescribing (rapid tranquilisation). What is holding back progress in these areas and can anything more be done in advance of the CQC re-inspection of 'must do' and 'should do' actions before July 2018?
 - (c) In December 2017 NHOSC recommended that NSFT should consider use of retention bonuses rewarding length of service and special responsibility payments for hard to recruit areas. The recommendation was partially accepted in that NSFT introduced different kinds of incentive payments in areas where it was hard to recruit (see Appendix A, recommendation 5). Would there be value in introducing the incentives suggested by NHOSC in addition to these?

- (d) The CCGs partially accepted NHOSC's recommendation that they should provide funding to enable NSFT to open 15 adult acute beds at Yare Ward, Hellesdon Hospital. The CCGs said they could not side-step due process around consideration of such a proposal and that NSFT had not put forward any formal business case for 15 beds in Yare Ward. Such a proposal could be discussed in the planning round for 2019-20, which starts in July – Sept 2018.

Further step-down beds have been provided, and two dedicated out of area case manager posts have been in place during winter 2017-18 and numbers of out of area (OOA) placements have come down. NHOSC is aware of other times in recent years when OOA placement numbers came down but then went up again.

Given the delay in establishing a Community Wellbeing Hub and the trend of increasing demand for services, are the CCGs and / or NSFT showing enough urgency to consider the case for additional acute beds alongside the other measures?

- (e) The CCG's report (Appendix D) mentions that they will shortly be working in the Norfolk and Waveney Sustainability Transformation Plan (STP) Mental Health Workstream to start a period of consultation and engagement to develop a system wide vision and strategy for mental health services, and that it will take year to complete. When will the work begin?

4. Action

4.1 NHOSC may wish to:-

- (a) Make comments and / or recommendations to the commissioners and NSFT based on the information received at today's meeting.
- (b) Ask for further information for the NHOSC Briefing or to examine specific aspects of the mental health services at a future committee meeting.



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