

<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Caroline Donavon, Chief Executive, Lancashire and South Cumbria NHS Foundation Trust
<b>Date of Meeting:</b>	31 March 2022

## MENTAL HEALTH SERVICES

### 1.0 Purpose of the report:

1.1 The purpose of this report is to provide Blackpool Adult Social Care and Health Scrutiny Committee members a further update relating to the implementation of the Initial Response Service (IRS), which was presented to the Committee in February 2022, and to give a progress update in relation to actions following on from the Trust's CQC inspection in April 2021 at The Harbour, following the previous presentation to Committee members on 29 September 2021.

### 2.0 Recommendation(s):

2.1 The Committee is asked to:

- Note progress and next steps on the IRS implementation and progress on continued improvements being made at The Harbour.
- Provide continued support to help deliver the ambitions of the programme – the engagement from colleagues at Blackpool Council to date has been exemplar.

### 3.0 Reasons for recommendation(s):

3.1 To continue to support the proposal for an Initial Response Service across Blackpool and the Fylde Coast and to ensure Committee members are sighted on the progress of continued improvement work at The Harbour.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

### 4.0 Other alternative options to be considered:

4.1 None.

## **5.0 Council priority:**

5.1 The relevant Council priority is

- Communities: Creating stronger communities and increasing resilience.

## **6.0 Background information**

### **6.1 Initial Response Service (IRS) implementation**

The IRS is a 24/7 responsive all age single point of access across Lancashire and South Cumbria for urgent and routine requests for help and advice, through a single triage based on trusted assessment, to access mental health pathway, including signposting to relevant services within and outside of LSCFT. Implementation of the IRS is based on a rolling programme across LSCFT, as previously described to Committee members, with Pennine IRS having already been implemented.

In terms of key benefits of implementation of the IRS, we are expecting to see improved access to services for people and improved patient experience and outcomes. Data relating to the service is being captured and a report will be developed in April 2022, given performance for the first quarter, but access and responsiveness targets are looking very positive.

A Friends and Family Test, which is a nationally used NHS feedback process allows us to we ask staff/ patients what they think of services and whether they would be happy to receive care from the service or not. The test has been completed on the IRS service and the initial feedback is positive.

The Fylde Coast IRS is to go live in Summer (July) 2022.

### **6.2 Progress on Fylde Coast IRS**

The Fylde Coast senior leadership team continue to engage with key stakeholders e.g. patient groups, commissioners and other providers across health and social care on the proposed model for the IRS.

The Fylde Coast Network has in place an IRS Task and Finish Group, which meets every two weeks and there is good engagement with clinicians, and staff and support teams, such as Health & Safety, Infection Prevention Control and Security.

We are consulting with local service users through the Fylde Coast Service User and Carer

Forum, which went live in September 2021. We are using information about our services to inform the plan and working closely with stakeholders and partners across the Fylde Coast teams to ensure good communication and collaboration in order that we can really make a difference to local people.

The following gives an update on estates and workforce and other critical enablers of the IRS implementation in Fylde Coast.

### 6.3 **Estates**

The Fylde Coast Network have identified premises for the IRS, located on Boundary Road, which is just off Vicarage Road (2.7 miles from Blackpool Victoria Hospital and close to the Centre of Blackpool). There are good transport links to surrounding areas, making it easy for service users and staff. We are currently in the process of finalising the lease arrangements for these premises and it is anticipated that the handover of this site will be by 6 June 22. When the lease is finalised, the location will be able to be shared more widely with staff and stakeholders for recruitment/consultation discussions.

In terms of ensuring readiness for the July 2022 opening of this service, estates teams are continuing to finalise designs and specifications, e.g. lighting for car park, security lighting security elements from a health and safety perspective.

### 6.4 **Workforce**

The IRS model will ask for current staff in the Trust to work in a different way, as well as ensuring investment, as previously described to Committee members. A full training plan will also be put in place to ensure that the new team are fully supported to work differently, and we will make use of the learning already undertaken by the Pennine Team.

With regard to current staff employed, relevant and appropriate discussions have commenced with the Specialist Triage Assessment Referral and Treatment Team (START) staff on the 1<sup>st</sup> March 2022. Within the NHS, this will take the form of a consultation process which involves staff side and Human Resource/ workforce colleagues, alongside senior managers of the service. Once the START consultation has been concluded, the collective consultation will start for the Home Treatment Teams, Frequent Attenders Team and admin for an estates change only. Throughout this whole process, staff have been included at all stages of the development of the IRS model with workshops etc. as this has been co-produced. We recognize that this does mean change for staff, but we remain fully committed

to supporting our staff and ensuring their involvement in all aspects of the change process. There will be no redundancy, but this process is about consulting and involving staff in the changes and ensuring that the staff are located to the area which best fits, their knowledge and skills. The staff are currently very active in the process and the feedback that we have received indicate that they feel generally very positive about the impact on patients and can see the positive benefits of the service improvements.

As discussed previously with Committee members, the IRS workforce model for Fylde Coast is outlined below. Recruitment to these roles will include consultation processes of existing staff, as outlined above and additional recruitment processes, which have commenced. There is currently no anticipated risk to go live date, due to workforce.

Role	Revised Model
Triage Practitioners	20.97
Manager	2.00
Pharmacist	1.00
Senior Call Handlers	2.60
Call Handlers	19.65
Admin	1.80

#### 6.5 **Future IRS Workshop Arrangements**

A Fylde Coast Transformation morning is currently being planned to provide updates on IRS and Community Mental Health Transformation so there is full understanding across all teams and partners on both transformation programmes and the referral pathways.

#### 6.6 **Blackpool Trust Hospital (BTH) Single Point of Access update**

Committee members will be aware that BTH provide Mental Health services, including the Single Point of Access). BTH have been involved in all workshops to date (reviewing Single Point of Access and pathways) and we continue to engage and work collaboratively in the development and planning for IRS roll-out.

#### 6.7 **Additional Fylde Coast/Trust transformation programmes:**

##### **Wesham Rehabilitation Unit**

The Network has opened the new Wesham Centre in March 2022, which is a new community-facing rehabilitation centre in Wesham, an integral part to its continued rehabilitation and recovery transformation work. This Unit offers a new mental health pathway that sits between acute care and community living. With 28 beds for people who

have been in hospital and need some support to regain skills and confidence, the centre will help people with everyday tasks such as cooking, cleaning and looking after their own health and wellbeing alongside learning to effectively manage their mental health.

The new Wesham centre, accommodates 14 males and 14 females, and includes treatment rooms, living space, therapy gardens and community café at the entrance. The centre will offer service users a holistic approach including learning opportunities that help lead people towards happier and more fulfilling lives. The opening of Wesham Rehabilitation Centre is part of Trust plans to improve its mental health rehabilitation and recovery offering. Transformation work will also see the implementation of dedicated Community Mental Health Rehab and Recovery Teams in key areas across Lancashire and South Cumbria over the next three years.

The service will have a positive impact on existing service users and benefit new service users in need of a different kind of rehabilitation support. We aim to help people with long-term mental health conditions, manage their own care and give them back the independence and lifestyle they deserve.

### **Inpatient Reconfiguration**

The capacity for inpatient provision for mental health inpatient beds within Lancashire and South Cumbria is challenged. The Trust has commenced a wholesale review, which potentially will lead to reconfiguration of inpatient provision. The review will see the creation of additional inpatient mental health beds and the eradication of out of area placements, with the Trust able to provide the right type of bed, in the right location, across what is a very large and diverse geographical area.

### **Community Mental Health Transformation**

In the NHS Long Term Plan it sets out a transformative vision for community-based support for adults and older adults living with moderate to severe mental health illness and complex needs. The Trust will be developing and testing new ways of offering mental health services and looking at how services work better together.

This will include creating integrated community mental health hubs that support health and wellbeing, and ensure people get the support they need when they need it. This will transform primary and secondary community mental health services across localities by working collaboratively and blending the wide array of services. In addition to offering a wide range of mental health interventions, the Community Hubs will work hand-in-hand with a range of community workers from the voluntary sector, connecting people into local

activities that they are interested in to promote social connectedness, positive mental wellbeing and build on their own strengths and potential, enabling anyone with a severe mental health problem to live a fulfilling life.

### **Children and Young People's (CYP) Mental Health Transformation**

Committee members will be aware that LSCFT is the provider of children's mental health services on the Fylde Coast, however this is jointly provided in Blackpool with BTH

A system wide external demand and capacity review on CYP mental health was undertaken in 2021, this process secured an integrated Care System transformational investment value of 10.7 million over the next three years.

The redesign Programme has been co-produced with our children and young people and their families underpinned by the principles of THRIVE. LSCFT are leading this redesign on behalf of the system.

This review has enabled resources to be identified for each locality that considers current and future demand, including population health priorities.

We have set the transformation strategic objectives in collaboration with our BTH partners, localised development and planning, including the early recruitment to new services has also commenced. The transformation of services will have a positive impact on access and waiting times, access to help in times of crisis and improve our early help offer through partnership development with the voluntary, community and faith sector.

#### **6.8 Progress of actions following CQC inspection at The Harbour in April 2021**

Following the CQC Inspection in June 21, the Trust continues to make progress in relation to making improvements to the care provided for our service users and also for our staff. Progress made to date on the action plan includes the following:

- Ward Managers, Matrons, Practice Development Nurses and Nursing & Quality team members have supported wards to maintain safe staffing and take forward improvements. There have also been increased numbers of medical staff, both at a junior doctor and consultant level, through locum agency recruitment.
- Recruitment campaigns and initiatives have been implemented and supported by ward and corporate teams and safe staffing has been maintained, with staff prioritizing patient

care. Progress in the last 12 to 18 months includes:

- Recruitment of 112 Registered Mental Health Nurses (RMNs) to inpatient wards, including 85 newly qualified nurses and 16 external Band 6 Senior Staff Nurses. We continue to recruit. We have successfully employed two additional night/ out of hours matrons to the team, in addition to the existing staff compliment.
- Development of virtual recruitment events have been developed, in response to restrictions implemented during the pandemic. A further face to face open day at the Harbour is being planned for April 2022.
- We have supported 11 Global Learners to complete their Objective Structured Clinical examination (OSCE) training and register with the NMC as Adult Registered Nurses; six of these are currently working at The Harbour, with a further three staff relocating to England over the next month
- Commencement of recruitment of International Nurses posts across the Trust; three have commenced at The Harbour and are working towards NMC registration; a further 85 are in recruitment. However, the global pandemic has adversely impacted the speed of recruitment.
- We have supported four Return to Practice RNs (1 LD and 3 MH).
- There are 30 Registered Nursing Associates across the Trust that have completed their Trainee Nursing Associate Apprenticeship. A further 74 Trainee Nursing Associates are in training across the Trust.
- Ten Peer Facilitators have been employed across Adult Acute wards. Each Peer Facilitator works on a different ward and compliments the clinical team in a non-clinical role. They wear a distinct lilac coloured polo shirt, which helps them to be easily identified and they can help service users in a variety of ways, and have an ethos deeply rooted in improving the service user experience and their recovery path.
- Preceptorship has been strengthened for all newly qualified professionals and RMNs who are new to the Trust, with a new preceptorship policy and a revised preceptorship offer. This includes a new preceptorship handbook, masterclasses and action learning sets throughout the first 12 months, a multidisciplinary brochure and an offer of a Master degree module in their second year.
- The Trust continues to develop a 'grow your own' model of staffing, with a nursing career pathway from entry-level to Consultant level as below:
  - Peer Facilitators
  - Apprentice Health Care Assistants
  - Health Care Support Worker Development
  - Trainee Nursing Associates
  - Top-Ups to from Registered Nursing Associate to RN

- Advanced Clinical Practitioners and accountable/ responsible clinicians
- Consultant Nurses
- Daily multi-disciplinary team safety huddles have been introduced across the Harbour wards, and there is a liaison across the Trust daily, to scrutinise staffing issues and identify mutual aid.
- The monthly Ward Managers and Matron Task and Finish Group, led by the Deputy Chief Nurse & Quality Officer, supports Ward Managers and Matrons to take forward improvements that improve patient and staff experience, including oversight of the Reducing Restrictive Practice programme, implementation of Safe Wards and development of the Ward Accreditation scheme.
- Dedicated support from the Nursing & Quality and Continuous Improvement Teams in relation to a range of improvement activities at the Harbour, such as the Reducing Restrictive Practice work, implementation of improvements such as Safety Huddles, E-Rostering standards and development of student nurses and preceptees.
- Learning from incidents and feedback- this has increased which we believe is a strength of leadership at a team management level, with the team positively encouraging positive feedback.
- There is a monthly safer staffing committee, which supports the analysis of fill rates, staffing levels and monitors specific actions in order to provide assurance in relation to Safer staffing. This is attended by the Senior Nurse Manager for the Harbour and the Network Director of Nursing
- Continued focus on Supervision:
  - Support from LSCFT Supervision Lead
  - Supervision groups for specific patients - compliments supervision arrangements
  - Restorative supervision arrangements and training 2 x staff in Nurse Advocacy roles
  - Leading by example- Matrons "Kitchen Table" supervision group
  - Safeguarding supervision in place, individually and group supervision including Triumvirate
- Peer supervision group with Consultant Nurses
- Continuing collaboration with service users and carers regarding risk assessment, care planning and discharge facilitation (via Community Inpatient Meetings and Service Users and Carers Forum).
- Promotion of Resilience Hub to support staff - some referrals by the team which have been positive. The Harbour calm room, which is a dedicated wellbeing space for staff is being opened at the end of March.
- Enhancement of Wellbeing support- mindfulness sessions, group supervisions, team events, wellbeing visits- lollipop and food drop-at busy times to say a big Thank You to

our staff, development of a Fylde coast newsletter, and the introduction of a Fylde Coast Question and Answer session monthly with Directors.

- Leadership training has been commissioned and is being delivered by the Kingsfund. There has also been an extensive leadership and development program for Matrons and ward managers

All identified improvements have been placed within the Network's Quality Improvement Action Plan. The Network is continuing to:

- Review of the impact of the service improvements at a team and service line level within each governance meeting with a focus on Safe and Well Led across all service lines.
- Ensure Governance meetings are robust and assurance are included within service line highlight reports with service lines, reviewing how assurance is collected.
- Continue to progress the International Nurse Recruitment trajectory and highlight risks/ mitigating actions.
- Focus on risk management and ensuring risks as captured and discussed through governance.
- Deliver the wellbeing offer to staff across the Fylde Coast.

#### 6.9 **Quality Improvement initiatives at The Harbour**

Linking with cultural change, enabling staff to initiate, engage and inform continuous improvement programmes has been a keen focus for the Network. In particular, this relates to the CQC Safer domain, where the focus has been on:

- The skill mix of nursing staff ensuring that safer staffing levels are maintained.
- Staffing arrangements, levels of recruitment, and business continuity planning arrangements have been enhanced to support the teams, in response to Covid 19.
- Ensuring patients are at the centre of care, and receive timely care planning and risk assessment as part of collaborative care planning.
- Accessing specific dementia training for those staff who do not work with patients with dementia.
- Attending to and supporting training compliance, clinical supervision and appraisals.
- Delivering the Safe Wards initiatives.
- Learning from incidents and near misses, to ensure patient care is enhanced.
- Listening and responding to feedback from patients, families and staff, in order that we can triangulate information and make the necessary service improvements.
- Access to therapeutic activity- a survey has been completed, which has demonstrated that patients on average receive between 1-3 hours of therapeutic activities, on top of their care being delivered to each patient. A more detailed survey is underway and will report in April

2022. Patients are reporting that they value the additional activities and have asked for more activities during evening time, which is currently being explored. The night staff arranged for a movie night on one of the wards which was positively received, and being considered in other areas.

- We are also currently reviewing with BAME patients through a BAME service user and carer group to be held at the end of March, how we can improve therapeutic activities to BAME patients.

A ward accreditation program has been developed across the Trust, which assesses our inpatient areas on quality standards expected for our services users. This is a peer review process of each inpatient area and reviews standards aligned to care, practice environment, patient experience etc. The ward accreditation process has been conducted across 8 of our 10 wards in The Harbour, with two assessments currently awaiting assessment. This has shown results which indicate improvements to care are being delivered in a sustainable way, and also helped us to develop further improvements. This ward accreditation process involves reassessment at regular intervals and provides assurance, along with other triangulated data regarding the quality of the care being delivered in our inpatient areas.

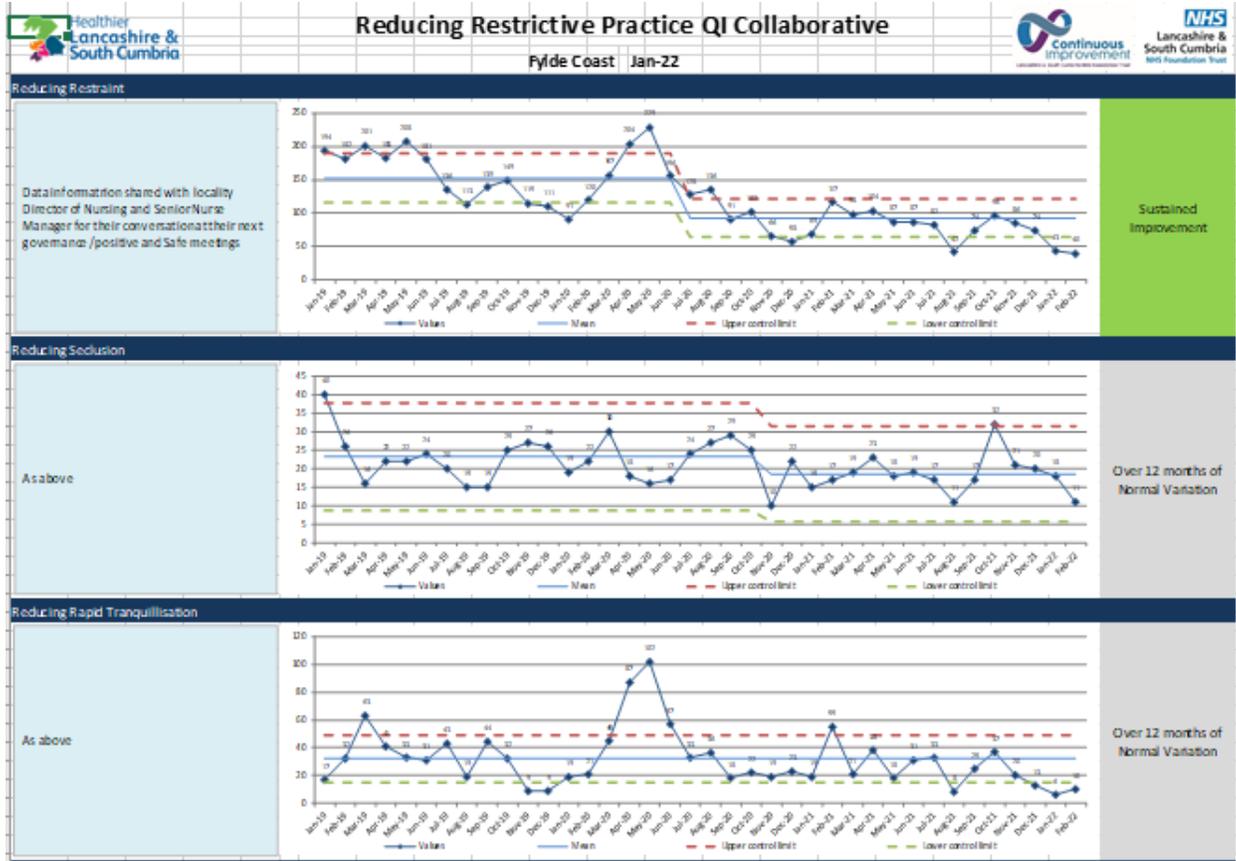
A number of wards have seen an enhancement of the environments across all of the wards, which includes Reminiscence Pods, which are used to support people with Dementia or other organic related problems/diseases and environments have been brightened and include more information for patients and their families. .





6.10 **Reducing Restrictive Practice QI Collaborative** – a quality improvement collaborative is underway across nine wards in Harbour around reducing restraints and violent incidents. This was due to these wards being above average in some of these indicators. Improvement work has included providing training and education for staff on gender and trauma informed care.

The results indicated a 60% reduction in restraints and seclusions. Alongside this, the approach around least restriction has been supported by the Safe Wards initiative, where each ward works on 10 domains that has a positive impact on patient experience. In particular, the work around patient expectations of behaviour on the ward has been very welcome and received by patients. A graphical representation of the reduction in restraint, seclusion and rapid tranquilisation is shown below.



Following this piece of work:

- Patient feedback is more positive, via the FFT feedback
- Staff confidence has grown and language is more positive, staff are able to look challenges differently with a better understanding of the de-escalation processes and how the environment and staff behaviours can help to reduce incidents on the ward.
- Less restrictions – patients able to manage more of their own care in collaboration with staff and able to bring in more of their own possessions.
- Welcome room –when patients are admitted to the ward, we recognise it can feel frightening and is an unknown experience for many. The teams have worked to have a dedicated space, which is calm and welcoming and also has all the information patients need on admission in one place. This has been positively welcomed by the patients and in some wards, there is a discharge tree in the admissions room, so that newly admitted patients can read messages of hope from those who have been discharged.

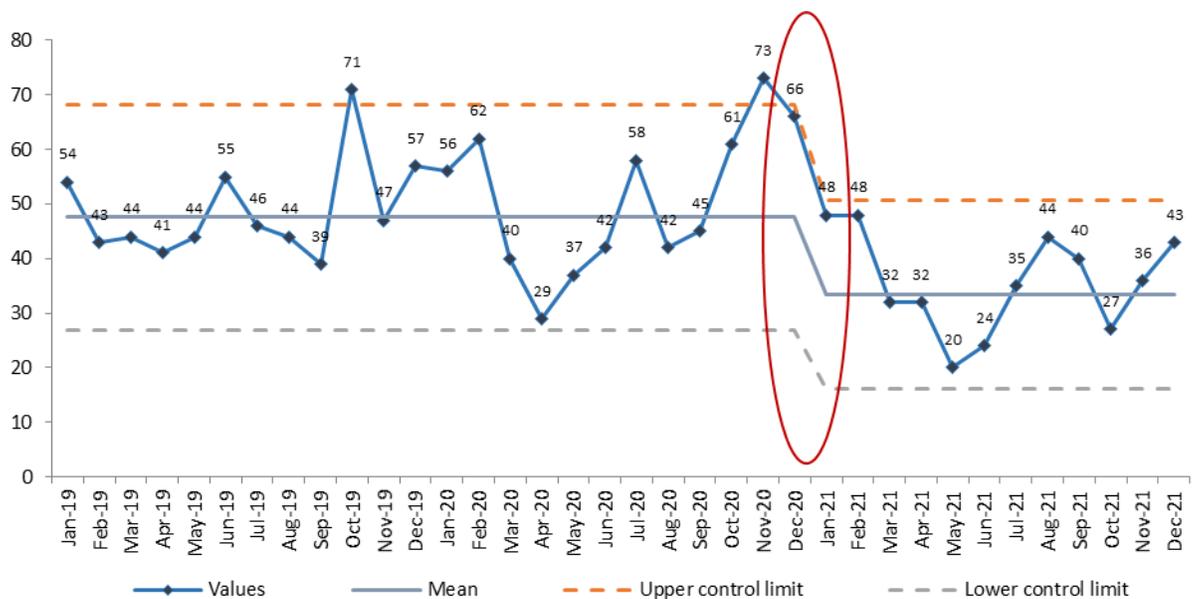
6.11 **Learning Disability and Autism** – there is currently a focussed piece of work being undertaken in which the aim is to improve patient experience within the environments and the management of Care and Treatment Reviews (CTR) based on service user feedback. The team are also implementing the green light tool kit and ensuring that we can manage the needs of patients

differently.

6.12 **Falls Prevention** – the aim of this collaborative is to reduce the incidence of falls by 20%, compared to baseline period, across participating wards by March 2022. To meet the above aim, the following actions have been taken

- Improving the process of falls risk assessments and early interventions.
- Visibility – increased environment and patient surveillance.
- Pressure Bed Monitor – using technology for early intervention.
- Post Falls Review form to inform and improve patients risk assessment and individualised falls management plans.
- Implementation of a clinical assessment template, to improve compliance with the post falls protocol.

SPC Chart Showing Number of Falls Across Collaborative Wards



During October 2019 and November 2020 the number of falls recorded across the older adult wards, whom this work is targeted, went above the upper control limit, which tells us that something out of the ordinary happened, causing “special cause variation”.

From December 2020 onwards, we can see a general trend of decreasing numbers of falls. This reduction in the average number of falls equates to a 30% decrease.

6.13 **SAFER** – this is a programme which ensures safe and effective discharge of patients from inpatient areas. This will ensure reduction in length of stay for our service users, reduction in out of area placements and improved partnership working, to ensure optimal and effective discharge planning. One of The Harbour wards were part of the Wave 2 Red to Green Listening into Action improvement programme during July 2021 and December 2021. The learning from this programme is being utilised to implement the SAFER flow bundle and Red to Green principles across all inpatient areas of the Trust. Phase 1 launches in April 2022 in the Harbour wards.

6.14 **Supporting staff health and wellbeing**

The last year has seen LSCFT continue to strengthen our approach to health and wellbeing. With the various waves of the Covid19 pandemic, this has meant that our staff have experienced stress in their work and personal life. As a Trust we have recognised this and have worked hard to mitigate the negative impact on staff. We have focused on compassion, support, engagement and collaboration, to ensure that wellbeing remains a priority for all of our staff.

In line with national recommendations, we have appointed a Wellbeing Guardian, who is a pivotal enabler in helping to create an organisational culture where empowering the health and wellbeing of our NHS people is routine and considered across all organisational activities and decisions.

This year saw the relaunch of the NHS Health and Wellbeing Framework this has helped inform the first iteration of our Health and Wellbeing Strategic Plan for 2022/23. The plan will come under the key priority of 'Valuing our people' within our People, Improvement and Culture Strategy.

Trust wide engagement through the 'Listening in to Action' programme focused this year on wellbeing, and particular success has been seen with the launch of a behaviour Wellbeing Pledge (below) and the identification and furnishing of a number of Calm Rooms.

## Time

- We will all aim to finish on time at the end of our working days whenever we can
- We will take regular wellbeing breaks and support others to do so
- We will cover breaks for colleagues who may struggle to take breaks due to staffing pressures or service demands
- We will make time to talk and connect with colleagues

## Emails

- We will reduce the number of emails we send and consider a phone call or MS Teams call as an alternative
- If we receive emails outside of our working time there is no expectation to respond
- We will take notice of people's email automatic replies
- We will set up a delay of delivery of emails if we send emails out of hours

## Act with Kindness

- We will show kindness, civility and respect in line with our values and behaviours
- We will share recognition and appreciation regularly with others
- We will make sure our actions are a positive example for others
- We will monitor our own behaviour and ask for feedback
- We will provide constructive feedback to others when we experience incivility

## Meetings

- We will plan team meetings that include time for wellbeing
- We will ensure all meetings run to time
- We will aim to have a meeting free day as a team
- We will plan shorter meetings to enable us to have a break

## Support

- We will encourage and support flexible and hybrid working where possible
- We will ensure that we keep people as safe as we can with safe staffing levels
- We will look out for each other by having opportunistic wellbeing conversations and supporting access to services and facilities
- We will support all our people to feel valued and included
- We will provide regular supervision to enable opportunity for reflection, learning and development



Lancashire &  
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The system wide Resilience Hub hosted and coordinated by the Trust supports staff and family members from health and social care settings and emergency services adversely affected by the COVID-19 pandemic.

As a Trust we remain committed to being an open, honest and transparent with staff and, as part of that, we strongly encourage staff to speak up about any concern they have at work; this is incredibly important in ensuring that we continually improve our services for all service users and improve the working environment for our staff.

Furthermore, we encourage staff to raise concerns with their managers and report incidents on the Trust incident reporting system. We also have a number of additional mechanisms to make it straightforward for staff to raise concerns, such as 'Dear Caroline' (for staff to contact our Chief Executive Officer directly with questions or concerns), 'Listening into Action (LiA)', 'Freedom to Speak Up' and our 'Health and Wellbeing' sites.

Teams have visits by Trust senior leadership both through announced and unannounced visits to all wards across the Harbour. The Director of Nursing attends wards, meets teams, attends complex Multi-Disciplinary Team meetings to support patients, and routinely attends handovers to listen to clinical issues and meet staff. Listening with professional curiosity is key to this and the director of operations and the medical director are equally involved in ensuring high level of director visibility and oversight.

We are continuing to support staff in education and development around:

- Rapid Assessment Interface and Discharge (RAID), which provides an in-reach psychiatric liaison service to prevent avoidable admissions to inpatient wards and mitigate longer lengths of stay associated with mental illness as a co-morbidity to physical conditions.
- Having an Advanced Clinical Practice (ACP) trainee role at the Harbour.
- Structured Clinical Management- support via Nurse Consultant.
- Masters course and modules.
- Access to specialist training e.g. bespoke safeguarding supervision via the new Locality Named nurse for safeguarding.

6.15 Does the information submitted include any exempt information? No

**7.0 List of Appendices:**

7.1 None.

**8.0 Financial considerations:**

8.1 Any details are set out in the body of the report.

**9.0 Legal considerations:**

9.1 Any details are set out in the body of the report.

**10.0 Risk management considerations:**

10.1 Any details are set out in the body of the report.

**11.0 Equalities considerations:**

11.1 Any details are set out in the body of the report.

**12.0 Sustainability, climate change and environmental considerations:**

12.1 Any details are set out in the body of the report.

**13.0 Internal/external consultation undertaken:**

13.1 Any details are set out in the body of the report.

**14.0 Background papers:**

14.1 None