

<b>Report to:</b>	<b>ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE</b>
<b>Relevant Officer:</b>	Andrew Williams, Director of Operations for the Fylde Coast Lancashire and South Cumbria NHS Foundation Trust
<b>Date of Meeting:</b>	Wednesday 19 October 2022

## FYLDE COAST MENTAL HEALTH SERVICES DEVELOPMENTS

### 1.0 Purpose of the report:

1.1 This report summarises key developments in Fylde Coast mental health services delivered by LSCFT as an update to the Committee. It will cover:

- IRS – the Initial Response Service
- Wesham Rehabilitation Centre
- Patient flow work at The Harbour, Blackpool
- Key nursing appointments
- Work stream to improve the Mental Health Urgent Assessment Centre (MHUAC) at Blackpool Victoria Hospital.
- Reducing restrictive practice improvement work at The Harbour.

### 2.0 Recommendation(s):

2.1 The Committee is asked to consider and note the progress in services and the continued improvements being made.

### 3.0 Reasons for recommendation(s):

3.1 To ensure that the Committee is informed of key developments across Blackpool and the Fylde Coast and the continuing improvement work.

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 No other options are provided as part of this paper.

#### **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)**

Due to the lack of suitable estate the Committee was apprised in June 2022 that the Trust would explore alternative delivery models, utilizing the learning from the two pilot programmes in Central & West and Pennine and ensuring that there would be an IRS service delivered for the Fylde Coast. The proposal is that Fylde's call handling function would be delivered by Central & West, while embedding the clinical team in an existing estate in Blackpool. This will have the benefit of building on existing expertise, faster launch, and will make strong links between IRS and existing clinical teams. Recruitment has already progressed and the project will be operationalized over the coming months.

##### **6.2 Rehabilitation Services at Wesham**

The 28 bedded unit at Wesham was opened in March 2022, with the aim of providing 14 male and 14 female beds. Low demand for female beds resulted in the decision being made to deliver an all-male unit. Evaluation of Wesham, following its opening, has helped us to make ongoing improvements to the clinical and operational model, as with any new service. There has also been recognised staffing challenges, which again is a recognised issue nationally. The Committee may be aware that neighbours have been concerned about behaviours in the area and we are actively engaging with them to look at improving security and privacy.

The decision has been made to cap the bed base at 24 currently. Further, as part of our evaluation, we are commissioning a focused review of the facility with a neighbouring trust to agree recommendations for next steps for the unit.

##### **6.3 Patient Flow at The Harbour**

The clinical team has been working on the implementation of the improvement principles to streamline processes on all of the wards. This includes the consistent allocation of expected date of discharge (EDD), ward actions to progress care and clarity around escalation processes when patients who are medically fit for discharge become delayed because their needs in the community require further assessment and planning. The Committee will be aware that this is a national problem, but we have good relationships with our partners and will continue to build on these. This improvement work is being implemented and over the next few months we will continue to work with all of the teams to understand barriers to

implementation and support progress.

A successful Break The Cycle fortnight in August saw teams focussed on progressing patient pathways with an improvement in discharge processes. The learning from this event will be used to inform our plans for winter resilience.

#### 6.4 Key Nursing Appointments

Staffing challenges at The Harbour remain, particularly with recruiting substantive registered nurses, which is a recognised national challenge. This is being addressed through targeted recruitment days (another scheduled for January 23) and working with regular bank workers to establish what would be required for them to apply for substantive contracts.

We have appointed three Community Quality Matrons – older adult, adult and urgent care – to support these areas with operational and quality improvements. The posts are part of a pilot programme which will be reviewed, but it is envisaged that they will provide significant capacity in the clinical leadership of these areas going forward and are a welcome addition to the senior clinical teams.

We have also appointed a Consultant Nurse in Urgent Care who is developing strong relationships with our acute trust partners to ensure the admission pathways for patients are patient centred, timely and robust.

#### 6.5 Mental Health Urgent Assessment Centre (MHUAC)

MHUACs were developed in response to the challenges of the Covid pandemic. There is currently a trust wide service improvement project (Listening into Action) that is reviewing their function and working to develop what more they can offer to the urgent care pathway. In Fylde the Home Treatment Team is collaborating with MHUAC in the evenings and is providing timely support and assessments to avoid inappropriate hospital admission where possible. Despite staffing challenges in July, they were able to support 25% of the ED referrals and are committed to working flexibly with our acute trust colleagues. There are regular meetings to solve problems and agree collaborative working.

#### 6.6 Reducing Restrictive Practice

National guidance identifies that mental health organisations who support people within an inpatient setting should minimise the use of restrictive practices and restrictive interventions. Implementation of the LSCFT Reducing Restrictive Practice Strategy, 'Think Person, Think Positive Practice', is being overseen by the Trust wide Reducing Restrictive Practice Group who are driving forward, monitoring and reviewing progress of the implementation of the strategy. The strategy includes a QI Collaborative comprising of focus on 3 areas namely physical restraint, seclusion and rapid tranquillisation. The data for restrictive interventions within the report is taken from DCIQ, the Trusts incident reporting system. The data to date demonstrates a 49% overall reduction in the use of restrictive practices. Our use of restraint

has reduced by 66% across the Trust and our seclusion usage has decreased by 35%. Administration of rapid tranquilisation has decreased by 47% across our inpatient wards.

There is a marked improvement across the inpatient wards with the wards undertaking the QI projects showing a greater than average improvement, however there has also been improvement demonstrated in other wards who are not involved which would suggest a cultural shift away from tertiary restrictive interventions to towards proactive primary prevention interventions. In line with the evidence base, there has also been a 30% reduction in violence towards staff supported by the move to a least restrictive culture.

There is also a microsystem taking place looking at our personality disorder (PD) pathway on Shakespeare ward. This piece of work is looking at improving the identification and diagnosis of patients with personality disorder admitted to the ward so that they are treated as soon as possible and discharged within the recommended time frames (3 days for previously diagnosed and 5 days for newly diagnosed) in order to provide the best care for those patients.

6.7 Does the information submitted include any exempt information? **No**

**7.0 List of Appendices:**

7.1 Appendix 2(a): Minutes of the previous special meeting

**8.0 Financial considerations:**

8.1 No relevant financial considerations for this Committee.

**9.0 Legal considerations:**

9.1 Further amendments to the function of the MHUAC may require agreement with the Regulator.

**10.0 Risk management considerations:**

10.1 N/A

**11.0 Equalities considerations:**

11.1 Any proposed changes to services as a result of the developments outlined in this paper will be subject to an equality and quality impact assessments.

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

12.1 N/A

**13.0 Internal/external consultation undertaken:**

13.1 The current developments as outlined aim to involve all key stakeholders and the Fylde Coast Network has good working relationships with partners who are actively involved in service provision.

**14.0 Background papers:**

14.1 None.