For general release

REPORT TO:	Health, Social Care and Housing Scrutiny Committee 27th March 2018
SUBJECT:	South London and Maudsley NHS FT – annual update report
LEAD OFFICER:	Eleanor Bateman, Service Director and Croydon Lead South London and Maudsley NHS Foundation Trust (SLaM)
CABINET MEMBER:	Councillor Louisa Woodley, Cabinet Member for Families Health and Social Care
PERSON LEADING AT SCRUTINY COMMITTEE MEETING:	TBC, South London and Maudsley NHS Foundation Trust (SLaM)

ORIGIN OF ITEM:	This item has been included in the Committee's work programme.
BRIEF FOR THE COMMITTEE:	To receive the annual update of the successes, challenges, constraints and financial pressures the Trust faces whilst still continuing to deliver a high quality service please focus on the following: - Acute Care CAG inc. winter pressures - Inpatient and Community pathway - CAMHS - MHOAD - QQC Update and Quality Accounts - Workforce development
CORPORATE PRIORITY/POLICY CONTEXT:	
FINANCIAL IMPACT	
FORWARD PLAN KEY DECISION REFERENCE NO: N/A	
RECOMMENDATION: The committee is requested to comment and note the contents of this report.	

1. SUMMARY

This report provides an annual update from South London and Maudsley NHS FT. Specific themes were addressed at last year's update, which included social care, central place of safety and outcome based commissioning for older adults. This update report will focus on the issues set out above which were identified by the Chair as of particular interest to the Committee.

2. TRUST REFLECTION AND CHALLENGES

This section sets out 3 key challenges affecting the last year and continuing in to 2018/19 – 5YFVMH, borough structure and relationships, Alliance working. Adult acute inpatients, CAMHS and older adults are clearly on-going priorities and are detailed in later, dedicated sections of this report.

2.1 FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH (5YFVMH) 2016/17 – 2020/21 AND COMMISSIONING

Additional funding has been built into CCG 2018/19 allocations to support the delivery of the Five Year Forward View for Mental Health transformations and there is a clear instruction for commissioners, via the national planning guidance, to meet the Mental Health Investment Standard. SLaM Commissioners shared their revised plans in early March 2018 which highlighted some differences in the application of the Investment Standard. This means there remains a risk of needing mediation although we are working with all commissioners to agree the approach to service development and investment in 2018/19 and beyond. We agree with our commissioners that the national delivery models for delivering the 5YFV targets require investment exceeding the Investment Standard in some areas and we will work together to establish models of delivery which are best placed to meet the ambitions of 5YFV locally.

5YFVMH priorities in 17/18 have been:

- Early intervention
- Dementia
- Perinatal
- Crisis Services
- Core 24 Liaison
- IAPT
- CAMHS Transformation including Eating Disorders
- Individual Placement Support
- Physical Health
- Out of Area Placements (OAPs)

In addition to the focus on 5YFV, the 2018/19 contract discussions have adhered to the following principles:

- All Quality, Innovation, Productivity & Prevention (QIPP) schemes will be managed using the Project Management Office (PMO) process, including the submission of a Quality Impact Assessment (QIA).
- Investment for 5YFV initiatives will be clearly identified and not result in a reduction of funding for core services.
- Where commissioners are unable to propose viable QIPP schemes and there remains a financial challenge, we will support them to prioritise disinvestment in services and clarify the associated impact on performance

All four SLaM commissioners have broadly agreed to the principle that adult acute inpatient services need to retain their current level of funding (i.e no QIPP through ward closures). The planned reductions in length of stay and control of admissions will therefore allow the system to move away from operating at 100% capacity.

5YFVMH initiatives are also a priority for both the SEL and SWL STPs and SLaM and commissioners often report jointly regarding progress and challenges.

2017/18 SLaM Contracts With Local CCGs

Contract	Croydon		Lambeth	Southwark	Lewisham
	£000		£000	£000	£000
Main	39,023		54,134	52,325	48,871
Specialist	575		1,735	1,027	823
IAPT	2,269		3,130	3,400	3,581
Total	41,867		58,999	56,752	53,275
%	20%		28%	27%	25%

Fig.1 LSLC Contract values

Fig.1 shows the 2017/18 contract values of the SLaM contracts with Croydon, Lambeth, Southwark and Lewisham CCGs. It should be noted that Croydon Early Intervention and Assessment & Liaison services currently include posts being provided at a cost pressure to SLaM and these will be considered as part of areas for investment prioritisation. Final values have evolved with some commissioners agreeing to additional investment during the year, such as the Croydon IAPT service.

2.2 BOROUGH STRUCTURE

Nationally, commissioning is moving towards population health outcomes delivered through health system alliances. This means health care, social care and charitable organisations working together in a single system to meet the needs of the local population. From a SLaM point of view it means working in partnership with local organisations across all mental health conditions to provide care closer to home. The best way to do this is align our services in boroughs where we will work closely with commissioners and other health and social care agencies to support the local population. Therefore, SLaM have chosen to move to a management model that will provide the best options for working with partners while retaining the benefits that the Clinical Academic Groups (CAGs) bring. CAGs will continue focusing on driving research which translates into clinical practice, developing the capability to design, specify and commission new care pathways and new models of care for SLaM services.

The process is complex and will involve a number of complex workstreams to ensure a smooth transition, including: aligning nearly 500 services and teams to the new structure; transferring budgets and financial accountability; mapping quality governance to ensure safe and timely quality safeguards are maintained; and transferring staff and team records on our internal systems.

Given the complexity of the challenge, the plan is for a transition period from April 2018 to October 2018.

2.3 ALLIANCE WORKING

The Croydon Health and Care Alliance for Over 65s was signed in April 2017, and was a 1 + 9 year Agreement. The first year was a transition year to cover development of the Transformation Plan, the Financial Model and the Business Case for the extended term of our alliance. The SLaM Board have agreed to the extension of the One Croydon Alliance for years 2 – 10 and to the creation of a mechanism to expand the remit, subject to agreement of all partners on a case by case basis. At this stage the Alliance continues to cover MHOAD services in Croydon with no imminent expansion to other mental health services.

Alliance working provides numerous opportunities to break down barriers and to deliver good integrated care. The Croydon Alliance has only been operational for a relatively short time and whilst 17/18 has provided evidence of the broader Alliance delivering transformation, it is acknowledged that further work is needed to translate the successes in implementing the Out of Hospital transformation to mental health services at pace. This is supported by the Alliance Board. The Mental Health Programme Board ensures that service developments and transformation is actively considered across all ages.

Community Psychiatric Nurses (CPNs) are to be allocated to each Integrated Care Network (ICN) with specific responsibilities for attending the huddles, supporting Multi Disciplinary Team (MDT) colleagues and direct patient contact. Whilst this was part of the original proposals for the Out of Hospital business case, funding is being finalised to commence recruitment. Therefore, although the huddles are up and running, the CPNs are not yet in place.

3. ACUTE CARE CAG UPDATE

3.1 PLACE OF SAFETY

In 2014, the NHS Five Year Forward View outlined a future vision for the NHS based on new models of care. The recommendations align with Professor Sir Bruce Keogh's 2013 review of the NHS urgent and emergency care system in England which addressed the growing and unsustainable pressures on urgent and emergency care across the country. The Keogh Review endorses a system-wide transformation towards highly responsive, effective and personalised services for people with urgent physical and mental health needs.

In 2015, a crisis care multiagency group was established with representation from Mental Health and Acute Trusts alongside London Ambulance, the Metropolitan Police and social services. The group led the development of the new model of care that includes the pan-London s136 pathway and specification for Health Based Place of Safety Sites.

SLaM have led the way in building a new bespoke Centralised Place of Safety (POS) which meets the needs of patients as identified in the London's Section 136 Pathway Specification, December 2016. With the support of patient user groups, the Metropolitan Police, partner organisations and local authority colleagues the POS opened early 2017.

3.2 ACTIVITY

The data shows that since the opening of the suite in January 2017 the number of patients accepted to the Place of Safety has increased. The monthly average increase is broadly 15%. It is unclear if the increase is due to an increased activity in patients sectioned on a 136 or indeed if the growth is linked to accessibility of the suite.

Current data shows the proportion of patients going to A&E since the new site opened has decreased from 33% to 28%. Patients diverted to emergency departments in the main are due to physical health concerns.

3.3 ASSESSMENT OUTCOMES

Assessment outcomes indicate that between 40% to 60% of patients did not require an admission following an assessment. This information is helping to explore potential options for improvement in patient experience with all partners. Specifically the Trust and Metropolitan Police are seeking ways to reduce 136 detentions by way of introducing a crisis assessment team out of hours along with Southwark piloting the Serenity Integrated Mentoring (SIM) model which supports the advancement of professional skills and development of teamwork enabling staff working in different agencies to respond to individuals who will regularly be picked up by police and who will often present with very complex histories/backgrounds.

3.4   BED USAGE

In 2017 SLaM has reduced the use of private overspill. So far in 2018 the Trust has on average had under 10 patients in private beds.

The usage of beds by Croydon CCG patients has also reduced. The reduction in the number of beds being used by Croydon CCG patients has seen a significant reduction in the number of Croydon patients in private sector beds.
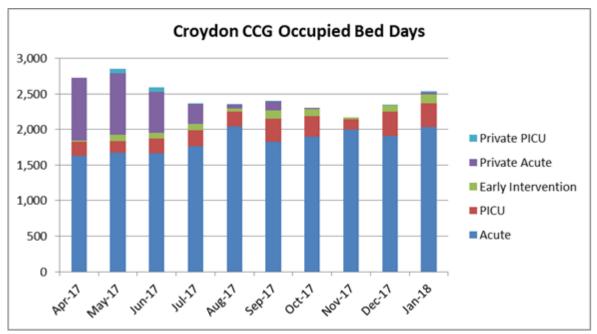

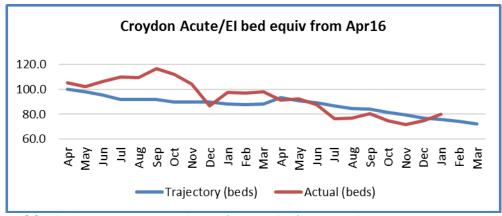**Fig.2 Croydon CCG occupied bed days 2017/18**

Fig.3 Croydon CCG bed usage compared to trajectory April 2016 – January 2018

3.5   WINTER RESOURCES

The Acute Care CAG has extended the housing support workers inputting on to the wards. There is a dedicated resource working with patients who have been in beds for over 60 days.

The Crisis Assessment Team (CAT) was set up in December 2017 to work across all four boroughs covered by SLaM. Since inception there have been 36 CAT assessments carried out in Croydon.
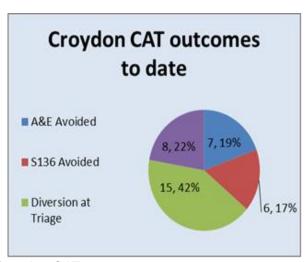
Fig.4 Croydon CAT outcomes

3.6 BARRIERS TO DISCHARGE

The Acute Referral Centre (ARC), set up in October 2016, plays a key role in supporting wards in their management of patient flow. Specifically, the ARC maintains an accurate and up to date position on barriers to discharge. Home Treatment Discharge Practitioners were introduced in January 2017 allowing the assessment of all patients within 48hrs of the admission. Their role is specifically to identify any potential barriers to discharge escalating the required actions to the appropriate community team (including the Care Coordinator), ward staff and the Borough Lead. The HTT Discharge Practitioners meet with patients within 48hrs of the admission to identify any potential barriers to discharge. They formulate a draft plan (using a standard template) which is available to ward staff and the Care Coordinator to review and update as required and following the first MDT meeting on the ward. The Borough Lead can then ensure that patients with barriers to discharge are prioritised at the weekly borough bed management meeting.

SLaM has entered into a contract with Look Ahead to create a housing service for inpatients. This consists of full-time Housing Advice and Support Workers (HAWKs) who are co-located within the Home Treatment Team (HTT), working closely with this team to facilitate access to housing for individuals who are unable to leave hospital because of a lack of suitable housing options. They also work closely with service-users admitted on to the wards to ensure they are provided with housing support and advice to sustain existing housing e.g. through liaison with landlords, supporting access to legal advice and in ensuring benefit claims are made.

HAWKs also support those clients who may have built up arrears prior to admission due to becoming unwell or during their admission. Benefits are reduced whilst in hospital, other than housing benefit which continues to pay for 52 weeks which prevents significant arrears occurring during hospital admission. HAWK workers support clients by liaising with the DWP, the council welfare department and income officers to request back pay or set up payment plans to address arrears.

The role of the HAWK is modelled on the existing similar service for offenders lacking housing options and requiring tenancy sustainment/resettlement support that we operate. Understanding and expertise includes substance misuse/harm minimisation, mental health awareness, support planning, lone working, health & safety, dealing with challenging behaviour, adult safeguarding and child protection.

Further expertise is held in housing advice and law, welfare benefits, rent arrears, debt management, financial abuse, harassment and domestic abuse.

Following a review of the service, the model in Croydon has been extended across all 4 SLaM boroughs.

In late 2017, Croydon CCG developed a task and finish group to consider the existing housing resources, current accommodation opportunities and future investment needed to support the timely discharge of patients. The group meets fortnightly and has representation from the CCG, SLaM and the local authority. These include the SLaM Heads of Pathway for the Acute Care CAG and the Psychological Medicine CAG alongside the Clinical Service Leads for the recovery community teams and home treatment team. The group also includes the manager for the SNAP team and representatives from the housing and tenancy departments. Patients for discussion are identified by SLaM staff during the weekly bed management meeting based on their social situations, primarily where there are complex accommodation or housing issues that would require input from other members of the group. These issues can then be discussed and cases escalated or prioritised as deemed necessary. It also provides a forum for shared advice and learning. Actions are then taken away by group members and followed up with the appropriate inpatient or community teams with outcomes fed back to the group.

The Length of Stay (LoS) of some patients is extended by the complexity of their presentation and needs and the difficulty in finding suitable accommodation for them on discharge. Some of the most frequent situations involve clients with an on-going substance misuse problem that they are currently unwilling to address, those with a history of fire setting behaviours or arson and those with a combination of learning disability and mental illness. There are very limited placements that will accept clients with these associated risks or high needs which means their options on discharge are minimal. This is particularly true of those who are capable of living relatively independently and do not nursing or residential care to support them. Some residential care homes are more willing or able to manage clients with these risks but it would not be appropriate for those who do not require this.

4. INPATIENT AND COMMUNITY PATHWAYS

Home Treatment Teams (HTTs) provide short-term treatment for people who are having a mental health crisis, assessing and treating them at home as an alternative to hospital and endeavouring to mitigate the need for an inpatient admission.

2017/18	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10
HTT Accepted Referrals during month	57	65	64	52	67	62	62	65	56	59
HTT Caseload at month end	34	45	42	30	40	32	39	41	35	37
Patients in Acute beds at month end (inc. leave)	85	85	68	72	74	76	66	72	69	62
Patients in PICU beds at month end (inc. leave)	5	8	9	6	8	11	7	6	12	12
Patients in Early Intervention beds at month end (inc. leave)	1	3	3	2	2	5	1	2	4	3

Fig.5 Croydon patients in HTT teams and inpatient beds April 2017 – January 2018

If a patient does have an inpatient admission, those patients on a Care Programme Approach (CPA) will be followed up by a face to face contact or a phone discussion within 7 days of discharge. The initial post-discharge visit is critical: it is intended to be the bridge between intense care and support in hospital and the transition to recovery in the community. The latest available data (Q3 2017/18) shows SLaM achieving 97.5% against this target, with

99.9% of patients admitted to Acute wards gatekept by the HTTs. Both results put SLaM above the national average.

Should patients require Cognitive Behavioural Therapy (CBT), this is offered to patients through our community services. Research suggests that CBT is an effective therapy for people suffering from anxiety and depression including: panic, agoraphobia, generalised anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder. This form of face to face therapy is based on scientific principles that research has shown to be effective for a wide range of difficulties. It is a structured, short-term therapy of 6 – 12 weeks of face to face sessions. Should patients wish to explore further CBT therapy, then they will be signposted to low cost voluntary sector services such as Care To Listen or MIND.

Croydon Psychological Therapies Service - Accepted Referrals	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
2015/16	20	15	14	6	6	8	3	3	9	11	11	7
2016/17	23	7	15	6	0	5	5	15	12	20	15	26
2017/18	20	13	27	25	18	22	22	27	26	18		
Croydon Psychological Therapies Service - Caseloads	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
2015/16	204	204	205	203	204	199	195	175	155	153	162	155
2016/17	169	159	156	149	140	140	146	160	164	180	185	202
2017/18	201	202	220	229	216	223	231	247	235	252		

Fig.6 Croydon patients seen by CIPTS team April 2015 – January 2018

5. CHILD & ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) CAG UPDATE

CAMHS provide community targeted and specialist CAMHS provision (Tiers 2 & 3) care in the Borough of Croydon. Croydon is relatively under resourced as a borough per 100,000 population although funding has been increasing in recent years including additional monies from Future in Mind/ Five Year Forward view investments. In addition, the borough is unique in SLaM CAMHS where Autism Spectrum Disorder (ASD) assessments are not wholly undertaken in community paediatrics. Currently, Croydon have waiting times of 6 months for ASD diagnostic assessments. Croydon CCG and SLaM are working to address the waiting times for ASD assessment and to more actively include community paediatrics in this assessment pathway.

Generally, waiting lists were a historical problem in Croydon (being up to 2 years). This has substantially reduced following the introduction of Choice and Partnership (CAPA) modelling, with waiting lists for non-emergency assessments now at less than 8 weeks (excluding ASD assessments).

Croydon CCG instigated a programme of work with SLaM to reduce Tier 4 out-patient specialist mental health expenditure. The Tier 4 specialist spend reached the ceiling in May 2017 and a decision was made to continue to fund cases for eating disorders. Children waiting for treatment for other services are reviewed on a regular basis and decisions made on each case. Croydon Tier 3 CAMHS offer some support whilst approval is sought for individual cases. Further work is being taken forward between the CCG and SLaM to ensure timely approval of Tier 4 out-patient referrals to minimise the backlog.

In relation to CAMHS A&E crisis presentations, we have demonstrated a 200% increase in the last 2 years. This has been the case in each A&E service SLaM cover and we have demonstrated the same increase nationally and in the Republic of Ireland (unpublished

research). 60% of out of hours CAMHS presentations at A&E are young people previously unknown to CAMHS services.

In order to mitigate the above challenges there is active review of commissioning issues with bi-monthly commissioning meetings which include Croydon CCG. In addition, Quality Impact Assessments have been shared with Croydon CCG for areas of risk. A Single Point of Access was introduced with Future in Mind monies. This has improved early signposting of cases and along with CAPA has reduced waiting lists substantially. Each of SLaM's 4 Borough services have had additional crisis care monies given as part of the national Future in Mind uplift, allowing significant improvements in our crisis care offer.

CAMHS will also be opening 2 High Dependency (HDU) beds and 2 Psychiatric Intensive Care (PICU) beds in April 2018, with a further 4 PICU beds to follow in May. These will support access for local young people to specialist inpatient settings, reduce travel time for parents and carers and help to improve access to these services.

6. MENTALHEALTH OF OLDER ADULTS & DEMENTIA (MHOAD) CAG UPDATE

6.1 DEMENTIA WARD
Over the course of 2015 and 2016 the MHOAD service agreed the need to transform inpatient services to make them more suitable for people with problems related to dementia, while maintaining excellent care for people with non-organic presentations such as depression and psychosis. In particular it was proposed that the assessment and care for people with behavioural and psychological symptoms associated with moderate to severe dementia should, on the whole, be based on one unit. The CAG identified Chelsham House as the most suitable ward to provide the new dementia assessment and intervention service. Patients with other presentations or with mild dementia experiencing associated mental health difficulties, such as depression, would still be admitted to the other SLaM wards.

The model is to provide patient centred care to people with a diagnosis of dementia, all treatment and care planning will be based on a fully developed understanding of the person. The purpose of the admission will be to reduce behavioural or psychological distress a person with dementia is experiencing through development and implementation of a psychosocial care plan. The aim is for people to have the shortest stay possible and support people to move either back to their own home or to a care home. The views of family and carers will be a fundamental aspect of assessment and treatment planning. The unit will provide comprehensive carer assessment and support provided by staff with the support of the carers' worker and the CAG Service User Advisory Group.

Transformation discussions and planning began in late summer 2016 with a provisional implementation date of April 2017. A project board was established and several work-streams initiated. As the CCGs considered the proposed transformation of the inpatient service, in particular that at Chelsham House, considerable preparatory progress was achieved, despite the patient mix across all units remaining as it was. From September to November 2017 a period of consultation and engagement was carried out with patients, carers and staff, about

the transition at Chelsham House to become an Acute Dementia Assessment Unit. A number of suggestions were made to help make the transition as least disruptive as possible which have been implemented, including the development of the carers welcome pack, and family participation in ward case formulation meetings to support staff with strategies of care.

We gained feedback from patients and carers across our 3 acute wards, presented at the Service User and Carers Advisory group as well as local engagement with Hear Us, Healthwatch and Age UK.

Following this engagement, the transition for Chelsham House to become an acute dementia assessment unit started on 29th January 2018. Ongoing implementation plans are in place within the CAG for the transformation of Chelsham House including support from the Transformation Project Team.

6.2 COMMUNITY TEAMS AND CROYDON ALLIANCE

Community, Home Treatment and Care Home support have been working well in the Borough and the MHOAD CAG has been working closely with the One Croydon Alliance to provide integrated care to the residents of Croydon, although it is recognised that MH Older Adult services within the Alliance need to receive an increased level of focus.

Memory Service waits are an area for focus. Due to a reduction in funding for the Croydon Memory service in 2016/17, the current wait time is 19 weeks compared to 6 – 8 weeks in the other SLaM boroughs. A Quality Impact Assessment has been completed for this service highlighting the risk to the quality of service that can be provided and the gap in service provision. This will be an area for consideration as part of prioritising future service investment. Additionally, further work is underway to review the dementia pathway to determine what other interventions can be put in place to reduce waiting times.

7. CQC UPDATE and the QUALITY ACCOUNTS

The table below outlines the current Trust rating as a result of CQC compliance inspections carried out on 21 – 25 September 2015, January 2017, March 2017 and July 2017.

Overall rating for services at this Provider	Good ●
Are Mental Health Services safe?	Requires improvement ●
Are Mental Health Services effective?	Good ●
Are Mental Health Services caring?	Good ●
Are Mental Health Services responsive?	Good ●
Are Mental Health Services well-led?	Good ●

Fig.7 CQC current Inspection ratings

Following the full CQC Compliance inspection of the Trust in September 2015, the CQC carried out a week long compliance re-inspection of the Acute pathway during the week commencing 30th January 2017, MHOA Pathway commencing on the 13th March 2017 and the Adult Community Pathway week of the 17th July 2017.

7.1 Re- Inspection Rating

Following the re- inspection of the three pathways outlined above the ratings for the Trust overall remained the same as outlined in table one above. However there were some slight changes in the three separate pathways outlined below. Acute and MHOA pathways, showed an improvement with MHOA achieving an overall 'Good' rating. The Community Adult Pathway seen a reduction in the overall rating to 'requires improvement.'

The overall ratings for each pathway are highlighted in the tables below:

Overall rating for the service	Requires improvement ●
Are services safe?	Requires improvement ●
Are services effective?	Requires improvement ●
Are services caring?	Good ●
Are services responsive?	Requires improvement ●
Are services well-led?	Good ●

Fig. 8 CQC Community- based mental health services for adults of working age: Rating; July 2017

Fig. 9 CQC inpatient - based mental health services for adults of working age: Rating; May 2017

Fig. 10 CQC MHOA&D Inpatient Rating; June 2017

7.2 Improvements since 2015 and Good practice identified

The CQC highlighted the improvements made in each of the five domains; Safety, Effective, Caring, Responsive and Well led since 2015. These improvements are highlighted below by each pathway.

<u>**Community Pathway**</u>

Domain	CQC Identified Improvements
Safe	• An improvement in the safe systems for transporting medicines, medical waste and sharps, with new bags and arrangements in place. • Trust had put in place a recruitment and retention strategy, there was a marked improvement in numbers of permanent staff recruited to these teams, although this continued to be a challenge. • Changes in care co-ordinators were now being monitored in the recovery teams. • Regular checks in place to ensure that most equipment was serviced, potable appliance tested, and calibrated as needed. • Improvement in compliance with the Lone working Policy and procedures to ensure staff safety. • The Team managers and senior managers within the clinical academic groups (CAGs) were aware of the main issues that we found during the inspection, and had plans in place to address some of them.

Effective	- Staff made information available to patients on local advocacy groups. - Examples of good practice across the teams, including the Lambeth living well network hub which provided a single point of access for the public and professionals to all mental health referrals. Lewisham, neighbourhood 1 promoting recovery team provided support for a group of patients with diabetes. - Staff used case discussion and formulation meetings to improve the quality of care and treatment for patients. - Staff feedback to their teams about successful interventions with patients. Staff received regular supervision and appraisal and had access to opportunities for further learning and development. - The trust offered patients the opportunity to participate in innovative treatments. - Patients were able to access a number of groups held within the community including a 'Hearing Voices Group' that was co-facilitated by patients.
Caring	- Accessible, caring and respectful staff. - Patient and carer forums were available. - An involvement register which enabled patient participation in various tasks including recruitment. - Patient experience data collected and used to improve the service.
Responsive	- Most patients knew how to make a complaint and staff responded to complaints appropriately. Shared learning was identified. - Flexible working with patients. - Information available in different formats. - Lambeth were aware of the over-representation of black people amongst their patient group and were seeking to promote better prevention, improved access to appropriate services and improved experience for black people.
Well Led	Domain rated good because although the service had three domains that were rated as requires improvement, the team managers and senior managers within the clinical academic groups (CAGs) were aware of the issues that were found during the inspection. There were proactive plans in place to address them.

	• The CAG risk registers reflected the concerns identified during this inspection.
	• There were clear governance structures in place for each CAG overseeing community mental health services, and a wide range of quality improvement projects recently put in place encouraging staff to take a central role in improving services.
	• Despite high caseloads, staff morale was generally good, and staff felt well supported by their line managers and colleagues.
	• There was a strong emphasis on multi-disciplinary working leading to innovative projects between team members bringing different skills.
	• The trust was working closely with other agencies, including the police and social services, to address delays in Mental Health Act assessments.

Fig. 11 CQC Adult Community Pathway: Improvements since, 2015

MHOA&D

Domain	CQC Identified Improvements
Safe	• An improvement in the standard of cleanliness, with no lasting odours. • An improvement in the level of detail recorded in risk assessments. • All wheelchairs were intact and well maintained and appropriate hoisting equipment was available for staff. • Improved medicines management at these units, including dedicated trust pharmacy provision. • An improved recording to ensure patients' food and fluid intake was monitored accurately.
Effective	• Dementia training was being provided both by distance learning and at ward level. Staff displayed a good understanding of meeting the needs of patients with dementia. The trust had also taken steps to recruit to vacancies across the wards, and improved staff cover of shifts. • Staff kept records of when detained patients' rights were read to them and these were audited. We also found that staff offered patients copies of their leave forms.
Caring	• An improvement in the recording of patients' and carers' involvement in care Planning and assessments.

Responsive	• Observed that the vast majority of staff supported patients in a caring way, including at mealtimes. The meal experience had improved, and some patients were involved in setting tables. • Care was provided within gender specific areas. Staff closed observation windows when not in use, and further protected patient privacy by closing curtains fitted around them • The trust provided a service user and carer advisory group, which involved patients and carers with experience of the trust's older adults' services.
Well Led	• Staff were implementing a number of quality improvement initiatives, including Four Steps to Safety, a 'this is me' booklet that they prepared with patients to go with them when they left the ward and the electronic observations for health monitoring, EoBs.

Fig. 12 CQC MHOA&D Inpatient CQC Identified Improvements since 2015

Acute

Domain	CQC Identified Improvements
Safe	• All required emergency equipment and medication was in place and in date. • All the wards had appropriate alarms available and they were in good working order. • Staff completed risk assessments and the assessments were regularly reviewed. The trust was rolling out a new risk assessment template, which was working well. • Staff escalated concerns about patients' physical health promptly. • Staff recorded more detailed information that allowed the trust to accurately monitor how restraint was used. • Staff on Lambeth Triage understood the meaning of seclusion and if patients were prevented from leaving their rooms for a period the seclusion policy was followed. • Acute wards and three of the four PICUs fridge temperatures were being regularly monitored and recorded. • Staff were mitigating environmental risk posed to patients by a staircase in the garden on ES1.
Effective	• Patients had their status under the Mental Health Act (MHA) recorded correctly.

	• Informal patients were now provided with accurate information about their rights.
	• Majority of staff had completed training in the MCA and understood how it applied in practice.
	• Staff assessed the physical health needs of patients well. Many physical health care plans were very detailed and provided clear guidance to staff on how best to support patients with long term conditions, such as diabetes.
	• Staff actively supported patients to stop smoking and provided good access to nicotine replacement therapy with a range of products available to patients.
Caring	• The majority of patients described staff as kind and caring. Staff interacted with patients in a respectful manner. They spent time with patients and offered practical and emotional support. Staff understood the individual needs of patients.
	• Quality of care plans had improved on the acute wards. Most patients had care plans in place that were holistic, patient centred and recovery orientated.
Responsive	• Staff kept viewing panels and exterior curtains closed, maintaining patients' privacy and dignity.
	• Wards provided a range of activities to patients including access to the gym.
	• Rooms available for patients to meet privately with advocates.
Well Led	• Staff morale was generally good. Staff felt well supported by managers and colleagues. The trust and ward staff were committed to quality improvement and innovation.
	• Temporary staff completed a brief induction when working on a ward for the first time.
	• The trust had significantly reduced the number of patients being cared for in other hospitals, outside the local area, in the last 15 months. Most patients were on wards located in, or close to, their home boroughs.
	• Good working relationships between ward staff and home treatment teams supported the delivery of effective patient care through the acute care pathway

Fig. 13 CQC Acute CQC Identified Improvements since 2015

7.3 Improvements required from Inspections in 2017

The table below outlined the areas requiring 'MUST DO' actions for each of the three pathways.

Fig. 14 CQC 2017 'MUST DO' actions by theme and Clinical pathway

There is a detailed Action plan for each of the pathways which being monitored via the relevant CAG Quality Governance Committee monthly.

7.4 Quality Priorities 2016/17

Below outlines the quality priorities for 2016/17.

Fig. 15 SLaM Quality priorities 2016/17

At this point of reporting the Trust are still evaluating end of year results. This year have seen some improvements in some of the quality priorities set which have aligned with existing quality improvement work and CQC action plans.

7.5 Safer Staffing levels

Fig. 16 Safer Staffing levels April 15 – December 17

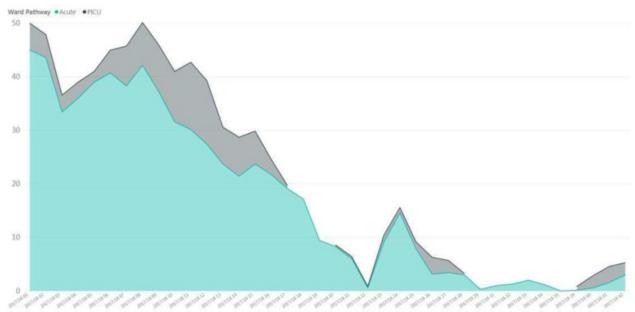## 7.6 Care closer to home
Reduction in the use of external overspill beds

Fig. 17 External overspill usage April 17 – January 2018
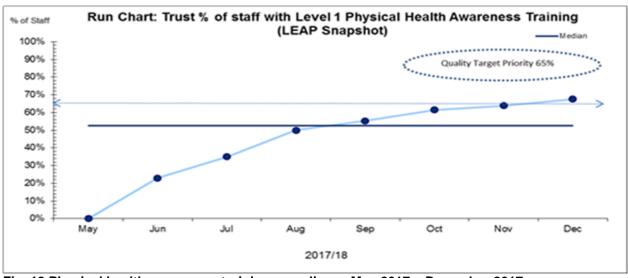

7.7 Physical health awareness

Fig. 18 Physical health awareness training compliance May 2017 – December 2017

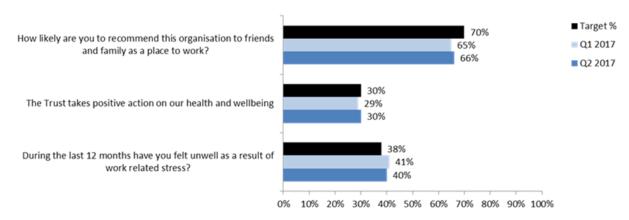## 7.8 Staff Experience (up to Q2 2017)

Fig. 19 Staff experience survey Q1 and Q2 2017

7.9 Areas requiring improvement

There are some priorities that require further improvement which include, Carer and engagement plan roll out, Trust reduction in violent incidents, roll out of EoBs. In relation to violence reduction, whilst this still needs further work across the Trust, is has been positive to note there are areas within the Trust where the Quality improvement (QI) work has shown results, which is outlined below. The QI team are evaluating the learning from this so this can be disseminated and emulated across the trust.
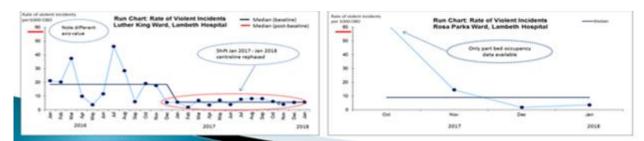

Fig. 20 Rate of violent incidents on Luther King Ward, Lambeth (Jan 16 – Jan 18) & Rosa Parks Ward, Lambeth (Oct 17 – Jan 18)

Engagement and consultation has begun regarding the priorities for 2018/2019, which included a stakeholder event held with our Commissioners/ Healthwatch groups on the 21th February 2018 which will help inform much of the quality improvement work going forward.

8. WORKFORCE DEVELOPMENT

Staff Engagement is a key priority for the Trust following a range of staff engagement events during 2017 and the launch of our Changing Lives strategy. The Senior Management Team are actively involved in walkabouts in our services getting feedback directly from staff about their experience of working for the Trust. Our overall staff engagement score for the 2016 Staff Survey was 3.80 compared to a national average of Mental Health Trusts of 3.77.

Feedback through the Staff Survey outlined that the experience of BME staff differed to that of white staff on a number of key measures. In response to this, the Trust has developed a comprehensive Workforce Race Equality Standard Implementation Plan which covers a range of elements across four broad themes of culture and leadership, over-representation in disciplinary procedures, recruitment and career development. This includes an Inclusive Leadership organisational development intervention for all managers and leaders in the Trust. The Plan is being supported by the Trust's BME Network.

Recruitment and retention continues to be a key focus of attention for the Trust, in particular Band 5 Nurse recruitment. Over the course of 2017 we have made 248 offers to new Band 5's following successful Assessment Open Days. We are continuing this approach through 2018 with the next Assessment Open Day scheduled for March and are also giving guaranteed offers of employment to all our commissioned nursing students who qualify during 2018.

The Trust is participating in the NHS Improvement Retention Support programme which focuses on initiatives and good practice to retain staff, with particular emphasis on nursing and clinical staff. This offers an opportunity to explore what other NHS employers are doing in relation to retention and learn from those employers with exemplary practices. This will support the existing retention activities within the Trust.

With our neighbouring Mental Health Trusts within South London we have developed and launched a Nursing Development Programme which provides a seamless career pathway for nursing staff from Bands 2 to 7. The programme promotes and provides the opportunity for nursing staff to transition through the bands and from healthcare support roles to qualified mental health nurse roles with support and mentorship. All three Trusts have agreed job descriptions and a shared competency framework which allows nursing staff to demonstrate an achieved level of competency for their role. The programme also offers nursing staff the opportunity to work within any of the organisations to increase their experience or gain skills in a different organisation.

Appraisal and performance development remain key activities for the Trust with 94% of staff having an appraisal in the past 12 months. All development activities are now recorded on the LEAP training platform. This provides a central place to monitor and review which staff and groups receive training and the effectiveness of development interventions. It is intended that the system is further developed to record episodes of supervision too.

The Trust has achieved the Healthy London Workplace Charter accreditation which forms a central part of our Staff Health and well-being plan. The plan follows the workwell model that looks at both physical and psychological health and well-being including job design, environment and relationships at work. We are in the process of launching a sleep awareness initiative to raise awareness of the importance of sleep for both staff and our service users.

We also continue to look at reducing incidences of violence and aggression through zoning, de-escalation and have implemented the 4 Steps to Safety programme across all our inpatient services.

9. CROYDON CCG APPROACH TO CONTRACT MONITORING

All aspects of the SLaM contract are kept under review and managed as part of the above governance arrangements. The role of each forum is described.

• Mental Health Programme Board
Strategic Level meeting as part of the Croydon Transformation Governance responsible for setting priorities for the Provision of Mental Health Services. All senior level decisions requiring agreement between Stakeholder Commissioners & SLaM are discussed here.

• Monthly Core Contract Meetings (and monthly Core Contract report)
Primary mechanism for the management of the SLaM contract. Includes monthly operational updates from teams and standardised agenda with the key priority of managing performance.

Every month the CCG receives a reporting pack inclusive of:
- Operational Reports with narrative addressing key issues
- Incident log
- Finance & Activity schedules to monitor volume of activity and cost
- Information on A&E breaches
- Quarterly Assurance reports on predetermined subjects (defined within meeting itself)
- Updates on Savings targets
- Performance dashboards inclusive of thresholds and monthly performance across all key areas
- Records (action/minutes) for actions, next steps and responsible officers as a result of decisions taken

This information is reviewed monthly and shared between various departments within the CCG (Quality, Performance, Finance). The information within this report is mandated by the contract and agreed across several boroughs for its content and frequency. All other subsequent meetings/forums use information derived from this report.

• Monthly Technical Meeting
A subset of the above addressing issues relating to performance in detail. The overall objective is to ensure any breaches are mitigated and plans of action are detailed to return trajectories back on target.

• Monthly 4xBorough* Commissioners Meeting
A 2-part meeting with the first half dedicated to South East London Commissioners discussing and taking forward issues across all boroughs. E.G review of Quality Incentives. The second half of meeting involves SLaM Quality and contracting representatives to receive and act on matters arising.

• Monthly 4xBorough* Clinical Quality Review Group (CQRG)
Main focus is on the joint management and Clinical review of priorities affecting service quality across all SLaM services. This forum is wide in scope with participation from Commissioners, Contract Managers, Quality and Clinical leads across the 4 South East London CCGs.

• Croydon Specific CQRG
A subset of above directly geared towards the priorities of Croydon only.

• **Serious Incident Meeting**
A meeting ensuring commissioners and other stakeholders are informed of any serious matters arising within the SLaM services. Here lessons learned can be taken and shared and a review of the trusts responses to address matters to reduce risk of recurrence is the main focus.

4xBorough typically describes the South East London CCGs of Southwark, Lambeth, Lewisham & Croydon
**Meetings described above depict the formalised groups with the main function of managing the SLaM contract, or standardised in the use of NHS Contract. Subgroups exist in relation to the operational management of Croydon Mental Health Services, but not specifically for the management of the SLaM Contract. (Examples include; Mental Health Partnership Board, Inpatient Task & Finish Group, A&E steering group, among others)

Example of Mental Health Outcomes:

IAPT:
The service clinical outcome is measured by the recovery rate. This indicator shows how many people have shown a real movement in symptoms large enough to warrant the judgement that the person has recovered.

The recovery rate target is 50% of people using the service achieve a clinical definition of recovery. The service promotes a preventative approach to addressing Mental health, Common Mental Illness and Mental Health Wellbeing. The access rate refers to the % of people assessing the service in Croydon from the estimated local population prevalence.

Outcomes Based Commissioning (OBC):
Croydon Clinical Commissioning Group is working with SLaM, Croydon Council & third sector providers – forming an alliance for the introduction of Outcomes based Commissioning for Older Adult Mental Health. This is based on the development of a capitated approach linked to outcome measures co-developed by experts across all organisations.

Further consideration is being given to developing outcomes for MH Health generally including how the OBC high level outcomes might apply to Mental Health overall. Key outcomes for consideration could include:

• People living Longer
• People improving their level of functioning
• Timely access to assessment & support
• Supporting carers
• People living in stable accommodation
• People will have fewer physical health problems relating to their mental health

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APPENDICES: None

BACKGROUND DOCUMENTS: None