

<b>Date of Meeting</b>	<b>Date:</b> 04/02/2021	
<b>Report Title</b>	Mental Health, Learning Disability and Autism Services and the Impact of COVID-19 Pandemic and Future Plans	
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<b>Freedom of Information Act Exemption</b>	Full Exemption	Section 43: Commercial Interests

## 1. Summary

This briefing provides the South Cumbria Health Overview and Scrutiny Committee (HOSC) with an update on the Mental Health, Learning Disability and autism services and the impact of COVID-19 pandemic and future plans. The report provides an overview of Lancashire and South Cumbria NHS Foundation Trust's (LSCFT) strategic direction, current challenges and future service development plans.

## 2. Background

LSCFT took over the provision of mental health, learning disability and autism services in South Cumbria in October 2019. Since this date the Trust has continually improved service provision, although the significant challenges presented by Covid-19 has added an additional dynamic.

There were recognised challenges when the LSCFT took over the services. The internal due diligence and the external reviews the Trust has commissioned have highlighted concerns regarding the quality of care delivered, the infrastructure of building providing care and the overall inpatient capacity to deliver responsive, high quality care within South Cumbria.

## 3. NHS Long Term Plan

The NHS Long Term Plan (LTP) makes a renewed commitment to improve and widen access to the care for adults and children needing mental health support. The LTP commits that the NHS will increasingly be more joined up and co-ordinated; more proactive and more individualised.

It will deliver the fastest expansion of services in the NHS's history and sets out an ambitious programme of service improvement for the health and social care system. It describes a secure and increased funding path for the NHS, an average of 3.4% a year over 5 years, compared with 2.2% over the past five years. The LTP also makes a renewed commitment that mental health services will grow faster than the overall NHS budget, creating a ring-fenced local investment fund worth at least £2.3 billion a year by 2023/24.

The Transforming Care Programme and Building the Right Support (2015) for people with Learning Disability has led to better co-ordination of efforts for people with learning disabilities across Lancashire and South Cumbria (LSC). The Transforming Care programme has identified some considerable issue that need to be addressed systematically to ensure high quality services for people with Learning Disabilities. The target of 35-50% reduction in inpatients with Learning Disability and/ or Autism is supported by the LTP commitment for 35% reduction by 2020.

COVID-19 has presented significant challenges to the health and care system across LSC. Delivery of the LTP has remained a priority, however, system pressures have impacted on some aspects of delivery. Mental Health providers have been presented with a complex environment to deliver services which has included a rapid transition of services to meet the needs of the population of LSC. We are also faced with an increase in demand across a number of services lines and have experienced a shift in how people are accessing our services, moving away from GP referrals to self-referral mechanisms

#### **4. Integrated Care Systems**

The development of Integrated Care Systems (ICS) builds on the direction of travel set out in the LTP. It signals a renewed ambition for how we can support greater collaboration between partners in health and care systems to help accelerate progress in meeting our most critical health and care challenges.

From April 2021 this will require all parts of our health and care system to work together as Integrated Care Systems, involving:

- Stronger **partnerships in local places** between the NHS, local government and others with a more central role for primary care in providing joined-up care;
- **Provider organisations** being asked to step forward in formal collaborative arrangements that allow them to operate at scale; and
- Developing strategic **commissioning** through systems with a focus on population health outcomes;
- The use of **digital and data** to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

The LSC ICS has been in operation since 2018 and takes the lead in planning and commissioning care for their populations and providing system leadership. They set out a strategic vision for health and care across their geography, managing funding as a single system budget, commissioning some health and care services and is accountable to central government for achievement of improvement targets. The ICS is made up of 5 Integrated Care Partnerships (ICP), these are:



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- Morecambe Bay
- Pennine Lancashire
- Fylde Coast
- Central Lancashire
- West Lancashire

In response to the ICS development we have put in place high-level leadership across the system, with the LSCFTs Chief Executive Officer a member of the Provider Collaboration Board, enabling joint decision-making between Acute hospitals, community services and mental health providers. Provider collaboration will take increasing responsibility for managing patient pathways and budgets for non-specialised mental health and learning disability services. This will include a delegation of some commissioning responsibilities to these providers. By integrating a population-based and provider led approach to commissioning, significant opportunities could be exploited that would benefit whole care systems: ultimately better outcomes for patients.

At ICP level, the Trust is represented by members of the Executive Team. As system governance arrangements continue to emerge, the Trust, through the CEO, is providing specific leadership to mental health and learning disabilities as we continue to move towards an increasingly collaborative model with LSCFT working as system managers of the Mental Health and Learning Disability services across the ICS.

## **5. Challenges of Mental Health**

In 2018, the ICS commissioned a review of the urgent mental health pathway following a significant increase in waiting times for urgent mental health services. The urgent care pathway issues were having an impact across the wider health, care and police systems. The Trust were consistently reporting in excess of 40 12hr breaches per month (in total) in A&E departments across the ICS which was having an impact on wider urgent care system.

Issues in the urgent care pathway are related to availability of inpatient Mental Health beds for people who require an admission. The LSC footprint has seen significant reduction in inpatient bed capacity with a reduction from 2006/7 where the capacity in Lancashire was close to 800 compared to today's figure of circa 300. There was also a parallel reduction in whole time equivalent Mental Health Community Team capacity. The Trust has a limited number of rehabilitation beds and has recently taken on the responsibility for the contract with the independent sector to ensure close system oversight is established.

Out of Area Placements (OAPs) have also steadily increased in recent years with a relatively consistent number in recent years and during the COVID -19 pandemic has peaked at 67.

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## 6. Challenges of Learning Disability & Autism

The Transforming Care Programme and Building the Right Support for people with Learning Disability has led to better co-ordination of efforts for people with learning disabilities across LSC. Lancashire and South Cumbria does not have Assessment and Treatment beds within its footprint. Service users requiring an admission to an inpatient assessment bed is out of area or a mainstream Mental Health bed. Utilising a mainstream mental health bed does not always provide optimum care as people with Learning Disability require a multi-disciplinary skilled team and specific therapeutic environment to best meet the needs of service users.

Community provision has also fragmented with an inequity of provision which means that the population across the ICS footprint experience differences access, quality and outcomes. We also have more than one provider commissioned to provide learning disability across the same care pathway which reduces the responsiveness of the pathway. In the last year we have worked with the ICS and have secured the resource for the Community Learning Disability Team, in line with national benchmark, to begin to close the gap in provision of community services for people with LD. Additional funding has been secured from the ICS to establish an Intensive Support Team (IST) to support people in crisis and prevent admission to hospital. The service became operational in January 2021 and is beginning to deliver positive outcomes and admission avoidance.

The Trust has completed a review of demand for local assessment and treatment beds and we are using the findings of the review to develop a business case with the ICS to develop a local bed base.

We continue to review and monitor services to improve access for people with autism to mental health services. In addition, we have developed an autism outreach team to support people with autism to access education and training. We have also commissioned a review of the autism diagnostic services for children to inform the development of the ICS model for assessment and treatment. This will be the focus for the coming year.

## 7. Challenges of Child & Adolescent Mental Health Services (CAMHS)

The commissioning of CAMHS across the ICS footprint is fragmented with LSCFT, Blackpool Teaching Hospitals Trust and East Lancashire Hospital Trust providing services in respective ICP areas. Providers and commissioners have worked collaboratively over a number of years to implement the THRIVE model for CAMHS which replaces a tiered approach of delivery to a model that supports a variety of prevention and promotion initiatives in the community.

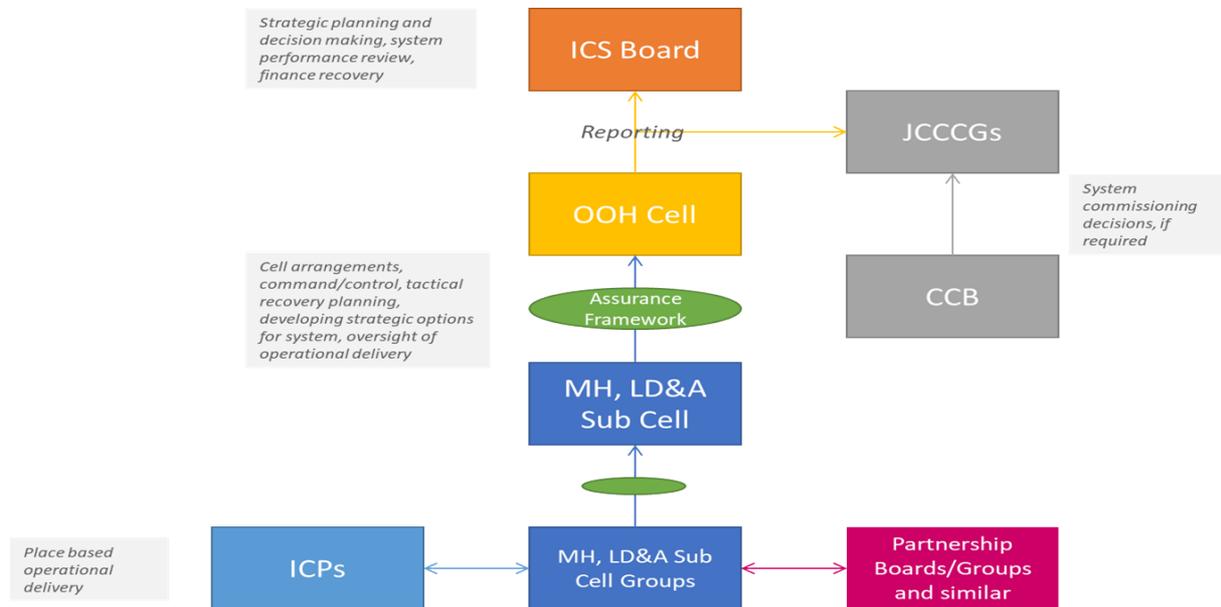
Our current CAMHS services are under increasing pressure, with a significant increase in referrals during COVID-19. The additional referrals add to an already pressured service which has high numbers of children and young people waiting to be seen. There is variation across performance in the area and this has a direct correlation with CCG investment per head of population with a disparity of £68 in East Lancashire compared to £37 in Preston.



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## 8. The Trust Strategic Direction

In response to the challenges presented by COVID-19 the ICS has implemented a governance structure that supports timely decision making and collaborative working. LSCFT CEO chairs the system Mental Health, Learning Disability and Autism (MH, LD&A) Sub Cell which reports into the Out of Hospital Cell (OOH).



The Trust strategic direction reflects how the healthcare landscape is changing. It is no longer relevant that our strategic direction is focussed on how we will grow through competition. Instead the emphasis needs to be on how we will collaborate with our partners, across all levels of health and social care, from the LSC ICS, through to Primary Care Networks. One organisation cannot, in isolation, solve the problems we face or deliver the new vision for integrated care, as integrated care only happens when NHS organisations work together in partnership with social care, the voluntary sector and the private sector to meet the needs of the local population.

The Trust's strategic direction focusses on a locality model of clinical delivery and management reflecting the ICPs. The Trust's ambition is to be the system leader for mental health, learning disability and autism services.

The Trusts Clinical Strategy is underpinned by National and ICS priorities. Specifically relating to Mental Health services they are centred on 4 key areas:

- Improving integration of service delivery Primary and Community care to meet the needs of adults and older adults
- Enhancing the Urgent Care Pathway to ensure people are supported in a timely way

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- Close the gap between the number of commissioned beds and the number of inpatient beds modelled against demand to meet the needs of the population
- Develop a local bed base for people that require long term, complex and high dependency care

## 9. The 6 Strategic Priorities

To underpin the strategy we have 6 strategic priorities to progress over the next five years. Each of these priorities will be realised through a set of associated plans and programmes.

- Strategic priority 1: *We will put service users at the heart of all we do, supporting effective care, recovery and wellbeing*
- Strategic priority 2: *We will employ and retain the best staff because our culture will be inclusive and a supportive place to work*
- Strategic priority 3: *We will deliver safe care and we will embrace an open and learning culture, ensuring we continually improve*
- Strategic priority 4: We will respond to people's needs by striving for the highest standards of quality, proactively reducing health inequalities
- Strategic priority 5: *In order to support our local communities by excelling in everything we do together, we will always collaborate with our system partners*
- Strategic priority 6: *We will provide sustainable services that are delivered in an effective and efficient way, at the time people need it*

## 10. Addressing Quality Challenges

Quality concerns were raised when the Care Quality Commission (CQC) inspected the previous Trust, Cumbria Partnership NHS Foundation Trust, in May 2019 (report published September 2019) and as part of the due diligence process, when South Cumbria services were transferred over in October 2020. Quality concerns included the following:

- Staffing levels were not sufficient in terms of qualified, competent, skilled and experienced staff to meet the needs of patients care and treatment;
- Governance systems and processes, including risk management, monitoring of the Mental Health Act, did not meet requirements;
- Lack of robust investigations from historic complaints and incidents;
- Staff did not have required levels of training and supervision;
- Practice issues were identified, such as Physical health check monitoring, risk assessment and care planning, seclusion monitoring, blanket restrictions being imposed on patients and rapid tranquilisation not always being administered in line with policy and best practice;



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- Environmental concerns at both Kendal (Kentmere) and Barrow (Dova and Ramsey) inpatient facilities;
- Lack of Freedom to Speak Up Guardian provision and awareness across the services.
- Arrangements for out of hours medical cover for inpatient units was not sufficiently robust

An improvement plan has been developed to address the issues raised by the CQC. This has been monitored by an Executive led CQC Steering Group, reporting to the Board of Directors, in addition to a Trust Board South Cumbria Assurance Committee, as well as an external Mobilisation Board, led by NHS England/Improvement.

Significant actions have been taken across all services within South Cumbria to address quality challenges. This has included:

- Establishment of a strengthened leadership team– this has supported integration of the services into LSCFT;
- An additional initial investment of £1.9 million was made on transfer of the services relating to staffing, with £870k investment in inpatient staffing. A safer staffing review has been conducted by the Chief Nurse and Quality Officer, following the transfer of the services to LSCFT. The Board reviewed the recommendations from the review and approved an increase in Band 6 Senior Staff Nurse roles and the introduction of Band 4 Nursing Associate roles. A consultation is underway with staff to move from short shifts to a flexible hybrid pattern of long and short days. This nursing investment is in addition to investments made within medical and Allied Health Professional workforce teams.
- Recruitment and retention premia has also been agreed within the Trust for clinical roles, with the aim to help attract staff to remote areas like South Cumbria and also given the staffing challenges nationally;
- A reduction in Ramsey Unit by 5 beds was enacted to facilitate safe care whilst staffing challenges are being addressed;
- Training, appraisal and supervision delivered across South Cumbria, to ensure staff were given development and support;
- Practice and quality improvement initiatives rolled out across services e.g. Reducing Restrictive Practice Strategy '*Think Person, Think Positive Practice*' (which includes the implementation of Safe Wards and the utilisation of quality improvement methodology to minimise restrictive practices) and also the Falls Reduction Quality Improvement Collaborative;
- Alignment of South Cumbria and LSCFT policies to ensure care is in line with best practice;

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- Integration of South Cumbria Services with the Trust's three networks; Mental Health, Children and Young People and Community and Wellbeing, which will be further enhanced when we move to localities aligned to Integrated Care Partnerships.

There were significant quality challenges in the inpatient services (staffing, culture and clinical practice issues), as post transfer of the services, due diligence and governance systems identified further actions. LSCFT has an Executive led Group which meets weekly overseeing the inpatient improvement plan for South Cumbria. Specific actions to date have included:

- Enhancing ward leadership by recruiting a matron and two substantive ward managers;
- Enhanced medical leadership – the Clinical Director (and Deputy Medical Director) does clinical sessions into Ramsey Ward and a speciality doctor has been recruited, with a junior doctor medical rota introduced across both wards at Barrow;
- Additional psychology and Occupational Therapy support has been recruited for both wards;
- We have commissioned cultural and development days with the staff, to ensure that they are supported in the improvement plan; we have also invested into a Practice Development Nurse for both wards;
- There have been significant changes to practice and improvement work has taken place regarding sexual safety, MDT working, medicines management, restrictive practice, physical healthcare and end of life care;
- Significant investment into the inpatient estate has insured that we have commenced a ligature reduction programme, which will be complete end April across both wards. We have also invested in ensuring a more therapeutic environment, including work on the garden/grounds.
- Investment in IT has meant better access to Wi-Fi for patients, carers and staff. We have also invested in IT equipment for staff and patients and we will be commencing implementing the roll out of our standardised Electronic Patient Record (EPR) Rio in South Cumbria by end March 2021.

There are also challenges within the Child and Adolescent Mental Health Services (CAHMS), which are related to culture, leadership and ensuring high quality, responsive care. The Trust also has commenced a review of CAHMS and has employed a CAMHS improvement lead, who commenced in role January 2021. The review of CAMHS includes a capacity and demand exercise that will identify a plan to tackle long waits and understand the mobilisation plan for the implementation of the THRIVE model. There is a historic underfunding and a different level of funding across CCG areas that is being reviewed with a view to investment being levelled up in line with national benchmarking.

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## 10.1 Involvement Exercise

To support the Trust in improving both infrastructure and expanding inpatient service models, a programme of involvement will commence in 2021 with internal and external stakeholders to better understand the needs, wants and concerns of not just our patients, service users their families and carers but also those of our staff and the wider communities of South Cumbria. The geographical dispersed landscape of South Cumbria has for years provided challenges to health care provision, but the Trust is committed to working with stakeholders as we modernise our services within South Cumbria to deliver modern, high quality services our patients, service users and staff should expect.

## 11. New models of care

The Trust has a significant improvement programme in place which includes:

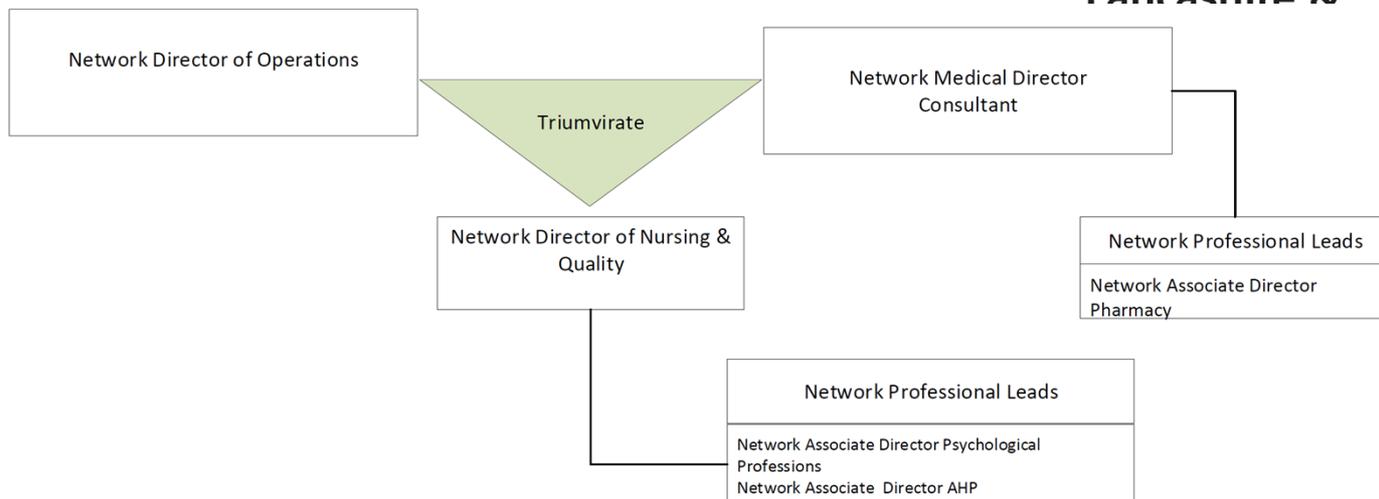
- Transformation work in the urgent care pathway, rehabilitation and community services, improving the quality of adult mental health provision
- Models of care in relation to children and young people, collaborating with partners in relation to the Thrive model and inpatient beds, enabling care and support to be provided closer to people's homes
- Creating local beds for assessment, treatment, recovery and rehabilitation, and expanding community-based support, to improve the care and experience for those with a learning disability and/or autism
- Our focus on physical health services, integrating with mental health services in order to provide a more seamless service.

### 11.1 Responding to the needs of local populations

As the healthcare system changes it is important that we also ensure that our organisation has operational, medical and nursing leadership within each ICP and the Trust has invested significantly in bringing in the necessary leadership qualities to shape the development of future models of care.



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The Trust has completed a comprehensive review of our inpatient bed capacity and demand, we know LSC has a bed gap for Adults and Older Adults of 101 beds. Our Trust and Clinical strategies outline our principles to address the gap by providing high quality, single sex inpatient accommodation across the ICP footprints.

Key to delivering the Trusts clinical strategy is the delivery of an ambitious transformation plan. At an ICP level this will include an Initial Response Service (IRS) incorporating Street Triage and the development of Mental Health Urgent Access Centres (MHUACs) that will be co-located on Acute Hospital sites throughout the ICS.

Working in partnership with organisations across the system is crucial to the development of the ICS and ICPs. We are collaborating with system partners to develop new and integrated models of primary and community mental health care. The community-based offer will include access to psychological therapies, improved physical health care, employment support, personalised and trauma informed care, medicines management and support for self-harm and coexisting substance use. Engagement with Local Authorities is essential to develop robust transformation plans in the community and ensure that we have a person centred approach to integrated care.

We continue to identify opportunities to developing partnerships to increase system resilience and prevention to ensure that people are supported in the communities they live. We are actively engaging with our colleagues in the Voluntary, Community and Faith Sector to build on existing community assets and identify gaps and innovative solutions. Collaborating and working to develop pathways with providers of addiction services is a priority to ensure that people with dual diagnosis are provided with seamless services that allow them to receive the right care at the right time and improve their care outcomes. We are also building relationships with local housing providers to develop connections with other organisations that support the communities that we are providing services too.

## 12. COVID System Demand

Key headlines for system demand seen during Covid-19 pandemic:

- All South Cumbria Mental Health services saw a notable reduction in referrals during the first Lockdown (April – June 2020)

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- Elsewhere in Lancashire & South Cumbria ICS, a number of services have seen an increase in referrals to levels above pre-Covid levels and above 2019 levels
- This has not been seen to the same extent in South Cumbria, with no increases in Adult Mental Health demand except for urgent crisis demand
- This is a concern, as evidence indicates that there should be higher levels of both Covid-suppressed and Covid-generated demand presenting
- If this Covid-demand modelling is accurate and applicable to South Cumbria, we should expect to see a release of demand into CMHTs at some point in the future
- This also means that there is current unmet need in the community
- The exceptions are:
  - Crisis Resolution & Home Treatment Teams, with demand 27.2% higher than the previous 3 year average
  - CAMHS, with demand 11.5% higher than the previous 3 year average

### 13. Next Steps

The Trust is committed to engaging on our Strategy in Spring 2021 and would welcome the HOSC's views on how we implement the principles and delivery model The Bay locality, which includes South Cumbria. The Trust has made significant progress in improving the quality of services that are provided in South Cumbria, however, there are still considerable challenges including the provision of inpatient beds to meet the needs of the local population. The Trust's strategy will outline our clinical approach to address future challenges and improve the Trust CQC rating providing high quality services.

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