Sheffield City Council

Sheffield Health and Social Care NHS
NHS Foundation Trust

Council of Governors: Summary Sheet

24th November 2016
Item No 5b

Title of Paper:	Governor Questions to the Board
Presented By:	Chair, Jayne Brown OBE

Action Required:

For Information		For Ratification		For a decision	
For Feedback	x	Vote required		For Receipt	

To which duty does this refer:

Holding non-executive directors individually and collectively to account for the performance of the Board	x
Appointment, removal and deciding the terms of office of the Chair and non-executive directors	
Determining the remuneration of the Chair and non-executive directors	
Appointing or removing the trust's auditor	
Approving or not the appointment of the trust's chief executive	
Receiving the annual report and accounts and auditor's report	
Representing the interests of members and the public	x
Approving or not increases to non-NHS income of more than 5% of total income	
Approving or not acquisitions, mergers, separations and dissolutions	
Jointly approving changes to the trust's constitution with the Board	
Expressing a view on the Trust's forward plans	
Consideration on the use of income from the provision of goods and services from sources other than the NHS in England	
Monitoring the activities of the Trust to ensure that they are being conducted in a manner consistent with its terms of authorisation and the constitution.	x
Monitoring the Trust's performance against its targets and strategic aims	x

How does this item support the functioning of the Council of Governors?

Putting questions to the Board allows governors an additional measure to hold the Trust to account for its performance and to ensure that the views of governors and members are heard and responded to at the highest level.

Author of Report:	Sam Stoddart
Designation of Author:	Deputy Board Secretary
Date:	November 2016

Question from Adam Butcher, Service User Governor

How is the Trust going to implement the Mental Health taskforce report "Five Year Forward View for Mental Health Implementation Plan"?

Response received from Jason Rowlands, Director of Strategy & Planning

A briefing paper went to Board in September (attached) and below is further information about how the trust is developing its plans in a number of key areas.

Trust strategy review (October): how we deliver in partnership with others (this was explored with Governors in the strategy session recently)

- South Yorkshire and Bassetlaw area
- Across Sheffield
- Delivery within physical health care system

Financial plan: With commissioners to determine the expected investment allocations, existing investment programmes and invest to save approaches

Improving care: our approaches to delivering improvements in care

- Evidence based interventions
- Core standards for care
- Employment and physical health

Physical health: build on our areas of success, address the remaining challenges

Question from Jules Jones, Public/Lead Governor

Fairly recently the decision was taken to reduce the number of inpatient beds. Consequently we have service users who would previously have been assessed and treated as inpatients that are now in receipt of community support. Crucially, how are carers for these service users supported by SHSC, and is there any way this can be improved?

Response from Lisa Johnson & Paul Nicholson, Inpatient Directorate

In Sheffield inpatient acute services we have been making sure we work as productively as possible. This has included introducing daily planning meetings and developing systems to support service user movement between services – particularly the interface between community and inpatient care. As a result we have seen reduction in the length of stay on the wards as service users receive assessment and treatment and then plans for moving on are made in a timely manner. This has included focussing on delays to discharge including accessing 24 hour care settings and care packages at home. The reduction in length of stay meant that not only our use of out of city beds was eliminated, but that our bed use dramatically reduced. As a result of this we were able to close an older adult ward and an acute ward, this has allowed us to make investments in increasing some elements of the inpatient staffing as well as investing in community provision.

Over the last 6 months the Community teams have developed their approach in a number of ways to support service users in acute need and more generally.

- We have increased the number of staff in our Home Treatment teams so that we now have increased capacity to meet the needs of service users and their carers.
- The Home Treatment teams now work much closer with IP wards so that plans at the point of discharge from the ward incorporate how those with a carer role can be supported within the service users plan.
- The HTT have adopted standards that require them to ensure support and advice is provided to carers at the point of discharge from HT. This is a standard that is monitored within local and directorate governance processes.
- The Care Act 2014 has had a significant impact on our attention to the needs of carers and is resulting in improving standards of practice in ensuring the needs of carers are identified. The Act firms up the statutory responsibility to assesses carer needs and provide support where necessary. CMHTs now have better systems in place to ensure all services users referred into secondary care identify the presence of a carer and offer them a carer needs assessment.
  As part of annual CPA reviews cares needs are reviewed and generally support at the time of crisis (of the cared for individual) is a focus workers will build into plans
- In the last 3 months all community workers have attended a bespoke training session that covers their responsibilities and best practice, as part of their casework
- The trust has recently developed a suite of carer information and advice materials that is made available to carers.

Question from Terry Proudfoot, Service User Governor

There are people who are sceptical about the efficacy of e-learning. What is the Trust's evidence that this form of learning is successful, and does the research show it as being as successful as face-to-face training? What data does the Trust collect to monitor this?

Response from Dean Wilson, Director of Human Resources

I appreciate that there have been some IT issues with regards to e-learning packages saving correctly. We are working closely with IT and will continue to work hard to solve any issues as quickly as possible.

I also understand that some staff may need additional support in accessing the e-learning system. We currently have 43 local E-learning Link staff, who provide e-learning support locally within teams. Our Local E-learning link staff have been essential in supporting staff and working with us on behalf of teams to enable them to complete their e-learning successfully. We will of course continue to work hard to further build and maintain relationships with our Local E-learning Link staff and teams across the Trust.

E-learning provides an alternative to face to face training. It is important to provide options in order to meet different preferred learning styles. One advantage of e-learning is that it uses assessments and questions to assess an individual's learning and knowledge. We are also developing some e-assessments to be used as refresher courses that assess current knowledge, as an alternative to attending a face to face session. The use of e-learning has also reduced release time of staff.

The e-learning packages themselves are often nationally governed resources that have been proven as effective in teaching about particular subjects.

We offer phone and email e-learning support to staff and always aim to provide a high level of customer service. We receive very positive feedback from staff about the phone and email service we provide, as well as about the e-learning packages. We will continue to work hard in providing a high quality service and resolve queries effectively and in a timely manner.

We continually receive feedback via our Local e-learning Link staff and also directly from individual members of staff. We have most recently received positive comments about the Autism Awareness and Dementia, Introduction to Person Centred Care courses. The Dementia course was described as 'really good and contains a lot of great information'. We also receive suggestions from our local e-learning link staff on how we might improve things, and we will review this and work on feedback received.

All Mandatory training is reported on monthly reports and we record feedback and queries dealt with by the e-learning team in Education, Training and Development.

Overall, and given the efficacy of the courses as described above, I believe this responds appropriately to the question.

Question from Terry Proudfoot, Service User Governor

There have been concerns raised regarding the reconfiguration of community mental health teams (CMHTs), and with the interim restructure due to be in place by (as I understand) January 2017, can you please assure me of three things?

1. that the reconfiguration will be ready to be put in place by then?
2. that the system will be robust and fit for purpose, to give an excellent service to the many service users under its remit?
3. if the reconfiguration needs to be delays, what the proposed timescale to put it in place is, and that service users and staff will be kept clearly and fully informed?

Response from Michelle Fearon, Service Director

Thank you for bringing this to our attention. Since a presentation to the Council of Governors led by Dr Mike Hunter and Michelle Fearon on 8th September 2016, the Directorate has been working with front line staff from all disciplines, and invited service user representation to a Task and Finish Group that will, by the end of December, come up with a proposed structure for the CMHTs. This will include what the team(s) role and function is, what it will offer and how it will offer a service to our service users. This is of course informed by what people tell us that they want and what the best practice says we should provide. We will then take this information to share more widely with Governors, Board and service users to then during 2017 move to a new model of service delivery. We will be doing this in a staged and timely way to ensure that there is minimum disruption to service users.

We see this being on a journey of ongoing service improvement and that we need to continue to shape the services and what they offer around the needs of service users and their families.

We plan to come back to Council of Governors early in the New Year to report on progress. If it would be helpful to you to meet with a member of the Directorate in person before this, please do let us know.

Question from Richard Fletcher, Service User Governor

Staff sickness/absence levels for the Trust are disconcertingly high at 5.5% I believe in July 2016. What measures are being taken to address this issue? My concerns are:

1. maintaining adequate/safe staffing levels;
2. the costs of having to backfill absence, in terms of overtime and agency staff to maintain statutory safety;
3. using outside staff who may not adhere to Trust values and/or had training around Trust values (RESPECT and restraint spring to mind);
4. what is the root cause of this high figure? Is the job making people ill?

Response from Dean Wilson, Director of Human Resources

"Staff sickness/absence levels for the Trust are in my mind, disconcertingly high - 5.5% I understand for July 2016. What measures are being taken to address this issue?"

The Trust's current sickness absence rate (September 2016) is 4.68% though the year average is understandably higher. The Trust target of 5.1% or less. The Trust's current level of sickness absence (September) compares favourably with its own target and also is lower than the reported average for other Mental Health Trusts and Community Trusts within the EWIN database. Early indications regarding the national picture appear to show that sickness absence in the NHS as a whole has increased and SHSC is likely to be below average if current figures and trends continue.

From a longer-term perspective there continues to be the need to focus on this issue.
In May 2015 the Trust introduced an Action Plan to assist in improving attendance. The key recommendations of the Action Plan are:

1. To ensure there is proper and appropriate ownership and accountability within Directorates for reducing the level of sickness absence. Service Directors / Clinical Directors to identify their plans for reducing sickness absence to the Trust target. For these plans to correlate with their plans for CIPs, quality improvement and workforce plans.

2. To have specified service agreements with Directorates on:
(i) The data which they will receive for review.
(ii) The Directorate Lead for taking action in relation to the data
(iii) Who the data will be disseminated to (e.g. provision of team data to teams)
(iv) The support available from HR and other Corporate Services.
(v) The arrangements for monitoring actions taken and the results.

3. A review of the then current policy on Managing Sickness Absence was to identify any potential improvements. This has been completed and the launch of the new Promoting Attendance and Management of Sickness Policy happened on the 1st of November 2016. The main change to the new Policy is the removal of the informal stage of the process e.g. any trigger automatically results in a sickness absence review meeting.

4. To take forward with I.T the basis for better utilising electronic data on sickness to:
- make the data more accessible to individual managers to manage individual absences.

- enable senior managers (see Recommendation 2) to evaluate progress by line managers.

5. To assess where there are any urgent requirements for additional training / coaching in managing sickness absence and to put in place the most effective training tools. This will also link into the launch of the new Promoting Attendance and Management of Sickness Policy.

6. The HR Advisor - Sickness Absence Case Manager started in post with the Trust in early August 2016. She has the dedicated time / resource on improving sickness absence levels and closer management of individuals with poor attendance.

7. To re-appraise the proposals and requests for funding set out in the Report on Promotion of Attendance at Work (including the Occupational Health service). To identify what should be taken forward with the available resources in conjunction with Staff Health and Wellbeing and Staff Side colleagues.

8. To identify the scope and nature of any incentives for good attendance.

9. To review and simplify the documentation relating to sickness absence (eg RTW Form etc).

10. To consider the scope for making incremental progression dependant on no formal warnings for sickness absence.

Maintaining adequate / safe staffing levels.

A Manager of a site follows a set protocol when absence occurs and has the financial authority to cover a potential absence. The sickness reporting protocol provides time to be able to assess the occupancies and consider if the site is carrying any vacancies before a decision is made. The protocol would most likely be to approach any staff already in work. Secondly, Trust Bank staff, and finally to approach designated Agencies that have been agreed and vetted by procurement.

The Trust's Staffing Capacity and Capability Operational Group is chaired by the Deputy Chief Nurse whereby the group oversee existing and planned safe staffing levels.

The Group aim is to ensure the right people, with the right skills, are in the right place at the right time to maintain safe clinical environments. To ensure staff skill mix ratios foster safe and therapeutic environments that strive for clinical excellence. To provide a forum for the Director/s, ward managers and lead nurses, to come together to discuss and share issues related to staffing numbers, by monitoring staffing capacity and capability across all in-patient areas.

A monthly staffing capacity and capability report is provided to the Executive Directors Group and Workforce and Organisational Development Committee by each Directorate. This report highlights where shortfalls in staffing have been identified on a ward by ward and shift-by-shift basis.

The costs of having to backfill absence, in terms of overtime and agency staff to maintain safety.

The agency spend is monitored by the Agency Steering Group along with other non-NHS spend and this is reviewed against our Trust targets for this spend and in line with the targets introduced re spending caps for all NHS Trusts. It is important to note that a proportion of this spend will be cover staff absence, so any reduction regarding the level of sickness absence will also have an impact on reducing spend.

Using outside staff who maybe do not adhere to Trust values and/or had training around Trust values (eg RESPECT).

From June 2016, the Trust has introduced Values Based Recruitment was implemented as well as continuing to use an Assessment Centre process which is also based on the Trust values, for Support Workers and Registered Nurses. The Trust Bank office has a programme of recruitment for Support Workers and for Qualified Nurses with dedicated Induction sessions planned. The Trust also has a plan for enrolling Bank staff on the Cavendish Care Certificate as soon as they start with the Trust. Once staff start with the Trust on Bank, funding of up to three Induction shifts can be offered to get them started which is funded centrally. In addition, units can fund 'Shadow Shifts' for Bank staff who are new to a certain unit.

What is the root cause of this high figure? - is it the job making people ill?

The data identifies that Anxiety/Stress/Depression remains the highest single reason for absence across the Trust.

Other reasons for sickness are musculoskeletal problems, gastrointestinal problem and cold cough flu.

To support our staff there are a number of services available including: the Workplace Wellbeing Service, recommendations from Occupational Health, reasonable adjustments and phased returns etc.

The Trust is also looking to introduce 2 fast-track programmes to address the 2 most common causes of sickness absence – namely Anxiety/Stress/Depression, and MSK. This will also assist staff with work-life balance. Some of these initiatives are part of the Public Health Responsibility Deal that has previously been agreed by the Board.

This is not an exhaustive list as the Trust tries to customise support depending on the individual. The individual's needs are discussed with staff either before or after their return to work.

Sheffield City Council

Sheffield Health and Social Care NHS

NHS Foundation Trust

Board of Directors
Item 6

BOARD OF DIRECTORS MEETING – 17th SEPTEMBER 2016
DOCUMENT FRONT SHEET

TITLE OF PAPER	Implementing the Mental Health Five Year Forward View
TO BE PRESENTED BY	Jason Rowlands – Director of Strategy and Planning
ACTION REQUIRED	For the Board to receive a presentation on the key messages, conclusions and actions from Implementing the Mental health Five Year Forward View and connections to be made to the Trust Strategy review and commissioning intentions.

OUTCOME	For the Board to be assured that appropriate action is being taken to respond to national policy direction and the opportunities presented to improve services for the people of Sheffield.
TIMETABLE FOR DECISION	The Board should receive the presentation at its September meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	None highlighted
LINKS TO OTHER RELEVANT FRAMEWORKS **BAF, RISK, OUTCOMES ETC**	Trust Objective 1: Developing Our Approach to Delivering Outstanding Quality Care & Support Trust Objective 3: Transforming the Services We Deliver NHS Constitution: Patients ❑ Public ❑ Staff ❑ HSE ❑ MH Act ❑ Equality Act 2010 ❑
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Nil at this stage. Nationally
CONSIDERATION OF LEGAL ISSUES	Non highlighted

Author of Report	Jason Rowlands
Designation	Director of Strategy and Planning
Date of Report	7th September 2016

Sheffield City Council

Sheffield Health and Social Care NHS
NHS Foundation Trust

SUMMARY REPORT

Board of Directors
Item 6

Report to: Board of Directors

Date of meeting: 14th September 2016

Date of report: 7th September 2016

Subject: Implementing the five year forward view for mental health

Author: Jason Rowlands – Director of Strategy and Planning

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1. Purpose

For Approval	*For a collective decision*	*To report progress*	*To seek input from*	*For information*	*Other (please state below)*
		X		X	

To provide a briefing to the Board of Directors of Implementing the five year forward view for mental health and outline how the Trust will respond to the actions.

2. Summary

To support this briefing a presentation will be provided to the Board. The following is a summary of the content and key messages from the document and is not at this stage an overview or analysis of the Trust's response.

This document provides guidance on how objectives in the Five Year Forward View for mental health are to be delivered – providing detail on implications for workforce, where and when funding will be allocated and how data and payments will be used to drive and monitor the change.

A common theme across many objectives is of building capacity within community-based services to reduce demand and release capacity from the acute sector and in-patient beds – whilst in parallel moving the commissioning model for in-patient beds in mental health towards a more 'place-based' approach so that pathways and incentives are better aligned and efficiencies more readily realised.

The development of services over the next five years will require, in many areas, a significant increase in workforce. Health Education England (HEE) understandably plays an important role in ensuring the mental health workforce can meet the needs of the service. However the necessary workforce growth can only happen if CCGs and employers also play their part.

Extra funding should reach services through a mixture of increases in CCG budgets and direct spending on services from NHS England. Some allocations over the next five years still need to be finalised. It is worth noting that certain objectives are expected to produce efficiency savings, and become self-sufficient in a relative short amount of time.

<u>Children and young people's mental health</u>

Objectives:

- 70,000 additional children and young people (CYP) each year will receive treatment with at least 35 per cent of those with diagnosable mental health conditions accessing NHS community-based treatment
- 95 per cent of children in need receive treatment for eating disorders between 1-4 weeks
- By 2020/21, in-patient stays for children and young people will only take place where

clinically appropriate

NHS England state that use of specialist in-patient beds for children and young people (CYP) should reduce drastically over the next five years due to investment in community-based services. Areas must ensure they are working with the existing Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme to ensure a highly skilled workforce.

The majority of new funding over the period is included in CCG baselines to support delivery of Local Transformation Plans and wider improvements in CYP services. Additional funding for in-patient services will support temporary additional capacity whilst community services are developed and the commissioning model shifts towards localities.

NHS England is using pump-prime funding during 2016/17 to test and evaluate models of crisis resolution for CY and testing of a new method of grouping children and young people according to their level of need is currently underway. If successful, these groupings could provide the basis for new currencies.

Perinatal mental health

Objectives:

- By 2020/21 30,000 more pregnant women or women who have given birth in the last 12 months will receive specialist perinatal mental health community or in-patient treatment

This significant expansion in provision of services will require the development of specialist evidence based community teams and in-patient mother and baby units. Workforce development will be supported by the creation of a competence framework by Health Education England (HEE) to ensure the correct skill mix in the workforce, by October 2017. By 2020/21, all teams should be sufficiently staffed to meet the recommended levels.

The profile of funding increases over the period, in phases, to allow for the development of new and improved services, including workforce requirements. Localities, including STPs are able to bid for a perinatal community development fund in the autumn of 2016/17 and NHS England will develop a plan for improving perinatal mental health data over the coming years.

Adult mental health: common mental health problems

Objectives:

- By 2020/21 at least 25 per cent of people (or 1.5 million) with common mental health conditions will have access to psychological therapies.

The majority of new psychological therapy services will be integrated with physical healthcare, and co located with primary and community care as set out in the General Practice Forward View. Funding to support the growth in these services will be held centrally until 2018/19, when it will then be added to CCG baselines. In 2016/17 and 2017/18 targeted areas will be chosen to help develop the evidence base for services at scale.

This objective is expected to deliver substantial savings and efficiencies for the NHS through a large reduction in use of physical health services, including A&E and prescribing costs. Services are also expected to become quickly self-sustaining.

Adult mental health: community, acute and crisis care

Objective:

- By 2020/21, adult community mental health services will provide timely access to evidence- based, person-centred care, which is focused on recovery and integrated with primary and social care and other sectors

By 2020/21, crisis resolution and home treatment teams should be delivering best practice CORE standards and inappropriate out of area treatments (OATs) should be eliminated. NHS

England is working with stakeholders to create a national definition of OATs, so that localities can correctly monitor levels by March 2017.

An extra £15 million will be made available through a bidding process in 2016/17 and 2017/18 to improve health-based places of safety, and transformation funding for mental health liaison will be made available from 2017/18. Mental health liaison is expected to become self-sufficient within 12 months. The Trust has applied for and has been successful through this process in applying for a small grant to support improvements to the current Place of Safety suite on Maple Ward.

Further detail on proposed delivery models for physical health checks for people with severe mental illness will be published by December 2016.

Adult mental health: secure care pathway

Objective:

- By 2020/21, NHS England should lead a comprehensive programme of work to increase access to high quality care that prevents avoidable admissions and supports recovery for people, as close to home as possible.

NHS England will invest £94 million centrally from 2017/18 to 2020/21 in community-based services to help reduce admissions, with the allocation of this money decided through a bidding process. An analysis of secure care services published in summer 2016, with further work building on the 'payments for outcomes' mechanism in secure settings. (Note: not yet issued)

Health and Justice

Objective:

- By 2020/21, there will be improvement in mental health care pathways across the secure settings. Access to liaison and diversion (L&D) services will be increased to reach 100 per cent of the population, whilst continuing to ensure close alignment with police custody healthcare services.

With currently only 60 per cent of the population having access to L&D services, this large increase may require a 45 per cent increase in the relevant workforce. NHS England will be working with HEE in order to achieve this.

The funding to achieve this objective will be held centrally, and work is underway to evaluate the savings that increased L&D services will achieve for the justice system.

Suicide Prevention

Objectives:

- By 2020/21 the number of people taking their own lives will be reduced by 10 per cent nationally compared to 2016/17 levels

This objective is a complex public health challenge and will require multi-agency work. CCGs will be expected to contribute to local suicide prevention plans that have a strong focus on primary care, alcohol and drug misuse. Funding will be held centrally, and transferred to CCG in 2018/19 with more detail on the allocations released in 2017/18.

Sustaining transformation: Testing new approaches

Objectives:

- Reducing the amount of people sent far from home to receive treatment – this will save money and increase recovery rates

In 2016/17 a programme will start which gives clinicians and managers responsibility for both the budget and the provision of secondary and tertiary care. Six sites have been selected to for a 12

month pilot. These areas will be pump-primed with £1.8million in 2016/17. Subsequent funding will be made available subject to evaluation of the first year of the programme.

4. Required Actions

- For the Board to review the attached and subsequent presentation
- To note that further reports will be provided relating to the actions and development work arising from the plan and that this will be incorporated within the Trust's strategy review.

5. Monitoring Arrangements

- The Trusts response to Implementing the five year forward view for mental health will be incorporated within the Strategy Review.

6. Contact Details - for further information contact

Jason Rowlands, Director of Strategy and Planning (0114 226 3417)