

# Croydon Council

<b>REPORT TO:</b>	<b>Adult Social Services Review Committee</b> <b>31 January 2018</b>
<b>SUBJECT:</b>	<b>Improvement Plan for Community Mental Health Services</b>
<b>LEAD OFFICER:</b>	<b>Pratima Solanki – Director of Adult Social Care</b>
<b>CABINET MEMBER:</b>	<b>Councillor Louisa Woodley</b> <b>Cabinet Member for Families, Health &amp; Social Care</b>

## **1. RECOMMENDATIONS**

The committee is asked to note the contents of the report.

## **2. EXECUTIVE SUMMARY**

- 2.1 A Care Quality Commission report published in October 2017 found areas requiring improvement in South London & Maudsley NHS Foundation Trust's community based mental health services.
- 2.2 The report was an in-depth look at safety, effectiveness, caring, responsiveness and leadership across Lambeth, Southwark, Lewisham and Croydon. As a whole, the services were rated as 'good' for leadership and caring, but 'requires improvement' in the domains of safety, effectiveness and responsiveness.
- 2.3 There were a number of concerns relating to Croydon services. This report provides a brief update on the improvement plan that has been put in place and provides assurance that services are improving for Croydon residents.

## **3. DETAILED REPORT**

### **3.1 Background**

- 3.1.1 Services to adults with mental health needs in Croydon are provided through Croydon Integrated Adult Mental Health Services (CIAMHS), a partnership agreement between Croydon Council and South London & Maudsley NHS Foundation Trust (SLAM). SLAM are commissioned by the relevant CCGs to provide inpatient and community services to residents of Lambeth, Southwark, Lewisham & Croydon. In Croydon, Local Authority staff are made available to work in the Community teams under line management arrangements provided by SLAM.

3.1.2 In October 2017 the Care Quality Commission published a report on the South London & Maudsley NHS Foundation Trust and found the following:

**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

3.1.3 The inspection and subsequent rating was across all four Boroughs but the key areas identified for improvement in Croydon were:

1. Ensuring that all patients had up to date risk assessments and management plans
2. Ensure that each patient has a person-centred care plan
3. Ensure that patients referred to the Croydon assessment and liaison team, receive an assessment within trust target timescales
4. Ensuring that patients who require a Mental Health Act assessment are assessed without undue delay

## **3.2 Response**

3.2.1 The Trust responded by engaging with Commissioners from Croydon Clinical Commissioning Group and partners in Croydon Adult Social Care to develop a Croydon specific Improvement Plan across all areas highlighted by the Care Quality Commission's report.

3.2.2 So far actions have included:

### **Regulation 12: Safe care and treatment**

- 1) Focus groups/engagement with care coordinators have been implemented to understand current challenges in completing robust and timely risk assessments and risk management plans
- 2) Development has begun on a comprehensive training package which includes risk assessment and management quality standards
- 3) There is an implementation of plan in place to deliver targeted training across all community teams
- 4) Monitoring in individual supervision, team audit and relevant governance meetings on a monthly basis
- 5) A Quality Improvement programme is being implemented with external support to ensure the Croydon Duty system is robust. So far this has led to the development of a screening tool and clearer referral criteria, which has streamlined the process allowing targeted and appropriate face to face assessments.

### **Regulation 9: Person-centred care**

- 6) As part of improving quality there is the piloting of an improved community care plan underway with care coordinators using QI methodology from the the Institute for Health Improvement
- 7) A comprehensive training package which includes community is being developed to raise care plan quality standards
- 8) There is an implementation plan in place to deliver training across all community teams; co-delivered with experts by experience
- 9) There is a developing sustainability plan building on current team processes to maintain the positive changes that have been achieved within existing resources
- 10) All managers and supervisors are monitoring in progress against targets in individual supervision, team audit and relevant governance meetings on a monthly basis

### **Regulation 12: Safe care and treatment**

- 11) Develop clear protocol for escalation for teams including the recording of delay on Datix and reason for these
- 12) Review in monthly risk meeting
- 13) Present data to SMT to further develop Trust approach across multiple stakeholders
- 14) Utilise existing Police Liaison forums to raise and discuss issues

### **Regulation 12: Safe care and treatment**

- 15) Three additional band 6 agency staff have been recruited to increase assessment capacity
- 16) Aim to increase Consultant Psychiatrist cover by 6 sessions within 3 months to enable faster assessment and decision-making times.
- 17) Trust target timescales reviewed and agreed the following:
  - > Crisis appointments will be seen within 24 hours
  - > Urgent appointment times, currently 1 week
  - > Non urgent appointments will be seen within 4-6 weeks

### **3.3 Monitoring**

CIAMHS have put in place close monitoring to ensure continuing progress against these areas including:

- Monthly local and service level audits
- Monthly trust-wide audits
- Annual trust-wide audit
- Daily reviewing of incidents data

### **3.4 Progress**

A recent review of progress found improvements in the following areas:

1. The number of Croydon clients with an up to date care plan is now within expected targets.
2. Number of Croydon clients with an up to date risk assessment and management plan is now within expected targets.
3. Reduction in waiting times for clients referred to mental health services.
4. Reduction in the number of patients referred to Out of Area placements following a Mental Health Act assessment.

### **3.5 Quality Assurance**

A Quality Assurance visit took place on 10<sup>th</sup> January 2018 to inspect Community Mental Health Services in Croydon. The team was led by the Croydon CCG Director of Quality & Governance and feedback received indicate that improvements have been made as a consequence of actions taken following the CQC report published in October 2017. More detailed feedback will be available by the time of the Adult Social Services Review panel scheduled for 31<sup>st</sup> January 2018 and can be provided to the panel orally.

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**APPENDICES:** Appendix 1 – SLaM Community CQC Inspection Findings

**BACKGROUND DOCUMENTS:** Full CQC report available:  
<http://www.cqc.org.uk/provider/RV5/reports>