

**To: Gloucestershire Partnership NHS Trust Board**

**From: Jennifer Berry, Mental Health Development Manager and Tim Williams Deputy Care Group Manager Adults of Working Age**

**Date: 11 October 2004**

**SUBJECT: MENTAL HEALTH SERVICE USERS SURVEY**

## **1.0 PURPOSE OF REPORT**

1.1 To inform the Board of the findings of the Mental Health Service Users Survey.

## **2.0 RECOMMENDATIONS**

2.1 It is recommended that the Board receive the Report, note the content and approve the Action Plan

## **3.0 LINKS TO TRUST OBJECTIVES**

3.1 The Trust is committed to involving Service Users in all levels of its work, in order to improve practice and develop new initiatives and services. This is in line with the NSF for Mental Health and Section 11 of the Health and Social Care Act 2001 which emphasises the need for maximum User/ Carer / Patient involvement in decision making processes.

## **4.0 FINANCIAL IMPLICATIONS**

4.1 The main resource implications for the implementation of the action plan are the costs of setting up and running Crisis/Home Treatment Teams including employment of a Project Manager and the production of contact cards.

## **5.0 RISK MANAGEMENT**

5.1 None identified

## **6.0 EQUALITY ISSUES**

6.1 95 % of the Respondents were white compared with an average of 91 % across all Trusts. Although the questionnaire was in English details of a language line translated into to number of languages were sent with the initial letter but this was not utilised by any of this Trust's Service Users. The Trust's Race Equality Action Plan is seeking to address the particular needs of Black and minority Ethnic Service Users by consulting with User and Carer groups as well as with the wider community.

## **7.0 CONSULTATION**

7.1 Consultation details are set out in the Report

## **8.0 AUDIT/REVIEW**

8.1 Progress reports will be presented to the Board at agreed intervals

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**Subject: MENTAL HEALTH SERVICE USERS SURVEY**

## **1.0 PURPOSE**

1.1 To inform the Board of the findings of the User Survey.

## **2.0 BACKGROUND**

2.1 The Mental Health Survey 2004 is part of the NHS Patient Survey Programme initiated by the Commission for Health Improvement and now the responsibility of the Commission for Healthcare Audit and Inspection. The Commission is a new organisation which started work on April 1<sup>st</sup> 2004 and exists to improve the quality of NHS and independent healthcare across England and Wales.

2.2 The Survey involved over 81 NHS Trusts providing secondary mental health care and over 27,000 Service Users responded. The results contribute to the performance Indicators.

2.3 Picker Institute Europe (an approved contractor) carried out the survey of Mental Health Service Users on behalf of the Gloucestershire Partnership NHS Trust between March and May of this year.

2.4 A questionnaire reflecting the priorities of Service Users was sent to a random sample of 850 people subject to the Care Programme Approach aged 16-65 yrs who were on the Trust's CPA Register in December and had been seen in the last 3 months. The questionnaire included 38 questions which Service Users scored to identify where there are problems or room for improvement. The questions were grouped according to the following sections:

- Your care and treatment
- Health professionals
- Medications
- Talking therapies
- Your Care Plan
- Support in the community
- Crisis care
- Standards
- Overall

2.5 Two reminder letters were built into the process and the response rate was 37% compared with the national average of 41%. All Trusts aimed for a 40% response.

### 3 FINDINGS

- 3.1 For each question the individual service user responses were scored on a scale of 0 to 100 depending on the extent to which the experience could have been better with 100 representing the best possible response. The average scores for each trust for each question were calculated with results weighted by the age and sex of respondents.
- 3.2 In the table (Appendix 1) The Trust level results are standardised so that their age-sex profile reflects the national age-sex distribution. This enables Trusts with different Service User profiles to be compared.
- 3.3 Each bar represents the range of results across all Trusts that took part in the Survey for one question.
- 3.4 The bar is divided into three coloured segments:
- the left hand end of the bar (red) shows the scores for the 20% of trusts with the lowest score
  - the right hand end of the bar ( green ) shows the score for the 20% of trusts with the highest scores
  - the middle section of the bar represents the range of scores for the remaining 60% of trusts
- 3.5 The performance scores are shown by a yellow diamond with 95% confidence intervals shown by the black lines extending to each side.
- 3.6 The intervals show the amount of uncertainty as a result of random fluctuations and indicate that in 95% of case the true value can be expected to be within this range. When fewer than 30 people answered a question the result is not shown.
- 3.7 For 20 of the 38 performance indicators The Trust was in the best 20% performing Trusts and in the lowest performing 20% for only 3. These related to access to out of hours mental health professionals and the satisfaction experienced in relation to the perceived listening of Psychologists / OT s /Social Workers and the respect and dignity with which they treated Service Users.

### 4 COMPARISONS WITH 2003 VOLUNTARY SURVEY

- 4.1 A total of 29 questions were used in both the 2003 and 2004 surveys and the Trust is :

Significantly better on	4 questions
Significantly worse on	1 question
No significant difference on	24 questions

- 4.2 The improvements are in the following areas:

	<b>2003</b>	<b>2004</b>
Psychiatrist did not listen	38.8%	24.4%
Care Plan not offered written or printed copy	50.1%	36.8%
Care co-ordinator - not told who it is	23.2%	14.2%

Crisis care - more than a day to get through	15.8%	0%
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4.3 The Trust had worsened significantly on the following question:

	<b>2003</b>	<b>2004</b>
Support - would have liked help with accommodation	5.3%	13.2%

4.4 The Group which met to devise an action plan to address the findings comprised the Deputy Care Group Manager for Working Age Adults, the Trust Lead for CPA, the User / Carer Participation Facilitator, a Carer, two Service Users and the Trust's Mental Health Development Manager.

4.5 The Users and Carer within the Group felt that as the question re accommodation did not ask about the source of any help actually offered it could lead to ambiguous answers - it may be for instance that the Care Co-ordinator signposted a Service User to a Housing Association or Housing Department – if that Service User assumed the question related to their Care Co-ordinator they might have answered in the negative as the help they received came from a different source.

4.6 The Group agreed that a letter should be sent to the Healthcare Commission highlighting the ambiguities inherent in the question.

## **5 UPDATE ON WORK UNDERTAKEN TO ADDRESS THE FINDINGS OF THE 2003 VOLUNTARY SURVEY**

### **5.1 Day centre activities**

5.1.1 In 2000 the Local Implementation Team for Mental Health commissioned Life in the Day, an initiative to strategically overview and re configure the day services provided by the Trust. The initiative has involved Service Users at all stages of the process and each PCT locality has continued to review and make appropriate changes to service delivery.

5.1.2 It is worth noting that the wording of the question relating to day centres has changed making it difficult to make direct comparisons between the two Surveys. This year however we are in the average 60% of trusts in relation to the helpfulness of the activities provided .These findings are supported by Minds Matter, the Strategy Audit Group Report on Questionnaires relating to Gloucestershire Strategy for Mental Well –being 2002-4 compiled by Dr Anna Wilson and Sue Lyon September 2204. Of the 59 Service User respondents over half attended a day centre and of these over 80% felt it had helped them "a lot" or "sufficiently".

5.1.3 The Joint Commissioning Manager for Cheltenham and Tewkesbury Primary Care Trust, the Director for Social Care , Mental Health Development Manager, Deputy Care Group Manager for Working Age Adults and the three Service Managers have been meeting regularly over recent months to discuss the need for enhanced community supports and the re tendering of voluntary sector day activity contracts. It has been agreed that the work be commissioned through the County Wide Planning Group (CAWAG) with the

Local Implementation Groups tasked with identifying the needs for their population and developing proposals for meeting those needs.

- 5.1.4 A Project Manager to oversee the process is being funded for a year through Mental Health Supported Capital Expenditure (2004/5).

## **5.2 Access to Out of Hours Services**

- 5.2.1 In December 2003 the Department of Health announced its requirement that all Mental Health Trusts should have a Crisis Team in place by March 31<sup>st</sup> 2004.
- 5.2.2 A Crisis /Home Treatment Team was set up in Stroud in March 2004 offering a service to people known to the secondary mental health services from 9am - 9pm. New and urgent referrals are accepted from GPs Monday – Friday 9am -5pm. An advice line is available through Charlton Lane 9pm-9am.
- 5.2.3 Further Teams will be set up in the other PCT areas in line with NHS Plan requirements and a Project Manager has been appointed to take the work forward.

## **5.3 Care Planning**

- 5.3.1 In order to improve the User/Carer experience of the Care Planning Process each Team Leader and hospital /day centre was tasked with meeting with Service Users and Carers to draw up local action plans. A check list for Chairs for the involvement of Users and Carers was drawn up and disseminated following ratification by the Users/Carers Best Practice Committee.
- 5.3.2 The guide to CPA leaflet was updated with input from Users and Carers and the Trust lead for CPA is ensuring its dissemination

## **5.4 Updated Plan – Appendix 2**

# **6 ACTION PLAN TO ADDRESS 2004 FINDINGS**

- 6.1 Following a presentation by Picker Institute to a widely representative group of Users, Carers, Managers, practitioners, Board members and partner agencies a small group met to formulate an action plan to address the findings of the Survey . The draft action plan was then taken to the AWA Service Manager/ Lead Professional Group before being consulted on via the countywide Speakout User Group and Asian Voice (Asian Service Users and Carers) It then returned to the AWA Service Managers/Lead Professionals Group for final validation and amendment (Appendix 3).

## **6.2 Access to Out of Hours Services**

- 6.2.1 In line with the requirements of the NHS Plan further Teams will be developed across the County fully operational by December 2005. Cultural and gender issues will be considered by the Project Team to ensure that needs are met as comprehensively as possible. These Teams will be well published by the Care Group and there will be a free telephone number to facilitate access.

- 6.2.2 The Care Group is aware that young males in particular might find access by text more acceptable and this will be considered by the Project Team.
- 6.2.3 In the shorter term cards with useful contact numbers (including out of hours numbers as appropriate to the individual) have been produced and are being piloted at Milsom Street Day Centre. Two additional sites in other parts of the County will be identified and the usage and usefulness of the cards will be evaluated by the Trust's Clinical Audit Department. The audit will consider whether printing the card in another language might have been helpful.

### **6.3 Talking Therapies**

- 6.3.1 The Survey indicated that whilst 59% of the respondents wanted talking therapies only 45.8% had received them. The Care group questioned the appropriateness of counselling as a specific intervention, being available within a secondary setting and felt it was important to recognise the work already taking place within Primary Care. This includes graduate mental health workers offering 8 weeks of Cognitive Behavioural Therapy guided self help as recommended in the NICE Guidelines for the Management of anxiety and depression. By the end of December 2004 there will be 10 workers in post and they will also be offering CBT based group work. There are also plans to offer a limited counselling service in some GP surgeries and to set up more enhanced services including a 16 week therapeutic group
- 6.3.2 The Care Group is also developing the availability of psychological therapies through the creation of managed clinical networks. Managers and Clinicians work together to develop networks of Services which are multidisciplinary in approach and offer more choice of psychological approach including CBT and more insight orientated therapies.

### **6.4 Explanations and Having Say**

- 6.4.1 Over 84% of Service Users felt they had definitely had enough (or to some extent enough) explanation and involvement in treatment putting us in the top 20% of performing Trusts.
- 6.4.2 The Steering group felt it was vital that staff be validated for their work and that this should be further emphasised by the dissemination of good practice guidance. Comparisons with Trusts in relation to the listening skills of OTs, Social Workers and Psychologists and the respect and dignity they were perceived to show to Service Users did however put us in the 20% lowest performing Trusts. The additional breakdown of data from Picker however showed that the number of respondents was so small that the dissatisfaction in some instances was attributable to just one Service User.

## **7 DISSEMINATION OF RESULTS**

- 7.1 Results need to be shared widely with Trust employees, Services Users and Carers and Partner Agencies

The following means have been suggested:

- Results to Clinical Governance Board

- Results to Overview and Scrutiny Committee
- Posting the results on the Partnership Trust Website
- Alerting the public to the above by means of a press release
- Writing to Service User and Carer Groups and Partner Agencies
- Article in Partnership Matters
- Cascading information through Team briefings

## **8 RECOMMENDATIONS**

- 8.1 That the Board receives the Report, notes its content and agrees the action plan