

**TO:** Gloucestershire Partnership Practice Standards Committee

**FROM:** Jennifer Berry, Mental Health Development Manager

**DATE:** 31<sup>st</sup> August 2007

**SUBJECT: MENTAL HEALTH SERVICE USERS SURVEY**

## **1.0 PURPOSE OF REPORT**

To update the Practice Standards Committee on the action plan for the 2006 Mental Health Service Users Survey ( Appendix A ) and to present the draft action plan to address the findings of the 2007 Survey ( Appendix B ) . The national Benchmarks are also attached .

## **2.0 RECOMMENDATIONS**

2.1 It is recommended that the Committee receives the Report, notes the content and approves the draft 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 Service User/Carer/Patient involvement in decision making processes.

## **4.0 FINANCIAL IMPLICATIONS**

4.1 The main resource implication is in improving access to crisis care including introduction of care plan folders .

## **5.0 RISK MANAGEMENT**

5.1 None identified.

## **6.0 EQUALITY ISSUES**

6.1 As in 2007 98% of respondents were white. Although the questionnaire was in English details of a language line translated into a number of languages were sent with the initial letter but this was not utilised by any of this Trust's Service Users. For the second year the Survey has included Older Age Adults but the national benchmarks are based only on Working Age respondents to enable comparability with previous surveys.

## **7.0 AUDIT/REVIEW**

7.1 Progress reports will be presented to the Committee at agreed intervals.

**TO:** Gloucestershire Partnership Practice Standards Committee

**FROM:** Jennifer Berry, Mental Health Development Manager

**DATE:** 31<sup>st</sup> August 2007

**SUBJECT: HEALTHCARE COMMISSION MENTAL HEALTH  
SERVICE USERS SURVEY**

## **1.0 PURPOSE**

1.1 To update the Practice Standards Committee on the action plan addressing the findings of the 2006 User Survey (Appendix A) and to present the draft action plan to address the findings of the 2007 Survey (Appendix B)

## **2.0 BACKGROUND**

2.1 The Mental Health Survey 2007 is part of the NHS Patient Survey Programme led by the Healthcare Commission. Information from this Survey was available for the recent Health check declaration with the relevant questions coming from the Criteria for Assessing Core Standards.

Quality Health (an approved contractor) carried out the survey of Mental Health Service Users on behalf of the Gloucestershire Partnership NHS Trust between January and March 2007.

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 and over who were on the Trust's CPA Register and seen between 1<sup>st</sup> September 2006 and 30<sup>th</sup> November 2006. The questionnaire contained 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

Two reminder letters were built into the process and the overall response rate was 38% compared with 35% in 2006. The national response rate was 38%. 69 NHS Trusts took part nationally with responses from more than 15,900 Adults of Working Age. Twice as many questionnaires were sent to Working Age Adults as Older People within this Trust which accurately reflects the overall figures of people subject to CPA

## **3.0 COMPARISONS WITH OTHER TRUSTS**

**3.1** The Trust had **mixed scores** in comparison with other Trusts in relation to the following areas:

- **Health professionals** – Notably CPNs , and professionals other than CPNs and Psychiatrists scored higher than average in relation to listening and treating with dignity and respect.
- **Counselling and Talking Therapy** – although not as available as in other Trusts a higher than average number of people reported having found it helpful.

**3.2** The Trust had generally **less positive scores** in comparison with other Trusts in relation to the following areas

- **Crisis care** – although a lower number of people reported having a number to call those who used a number reported a higher than average level of satisfaction with the response they received

**3.3** The Trust had generally the **same scores** in comparison with other Trusts in the following areas

- **Medication** – an increased number of people reported having been told the purposes of medication and the possible side effects
- **Care co –coordinators, Care Plans and Reviews** – there was an increase in the number of people reporting being told they could be accompanied to the meeting and the Trust was in the 20% of highest Performing Trusts in relation to understanding what was in the care plan, being involved in deciding what was in the care plan and in finding the last care review helpful.
- **Support in the community** - there was an increase in the number of people who found day centre activities definitely helpful and this was a higher than average response rate
- **Overall care** –76% of Older Age Adults and79% of Working Age Adults rated their care as good or above.

**3.4** The Trust had generally **more positive scores** in comparison with other Trusts in the following area

- **Standards** –there were fewer reported admissions and sections in the last 12 months compared with other Trusts and fewer than in the previous year. A significantly higher than average number of people reported having had their rights explained to them.
- **Family and Carers** -an increased number of people reported their family had received adequate information and support

#### **4.0 ACTION PLAN TO ADDRESS 2007 FINDINGS**

The Group who devised the draft action plan comprised Tim Coupland Development Manager Recovering and Care Co–ordination, Rob MacPherson Consultant Psychiatrist representing medical staffing, Louise

Derutylloyd from Carers Gloucestershire ,Jennifer Berry Mental Health Development Manager, with input from Peter Downes Service User who was unable to attend on the day due to illness.

The draft plan has been discussed and agreed with the Programme Directors who will take to their respective Clinical Boards and other relevant meetings The findings will be presented to Speakout at their September meeting.

Quality Health presented the findings to the Trust in June and the Service Users and Carers who had been part of the Steering Group attended.

#### **4.1 Crisis Care**

This is an area in which the Trust has consistently received unsatisfactory results over 5 surveys .Only 30% of the Working Age respondents and 29% of Older Age respondents reported having the number of someone from their mental health services that they could phone out of hours putting us in the 20% lowest performing Trusts .

Since August 1<sup>st</sup> 2007 however Working Age Crisis Services are now available 24/7 with the service available to those people receiving Crisis Services during the day and people referred by GPs. In May the Executive Team decided that the Service should ultimately provide the point of contact for all Service Users subject to CPA. This is being addressed by a Patients Accelerating Change Project Group working with the Programme Manager with responsibility for Crisis Services .As part of this consideration is being given to the Trust introducing care plan folders which will contain a medication card ,a useful number card and a crisis card. Its usage will be incorporated in to CPA training and an action plan to promote the number will be devised.

The Trust's Chief Executive in conjunction with the Local Authority is pursuing alternative sources of funding to set up a helpline as it is acknowledged that there is not capacity to offer this Service from within the Crisis /Home Treatment Team.

There are plans to extend the Crisis Services to Older Age Adults with a functional illness and recruitment to 3 full time equivalent posts is underway – the new workers will join the 3 existing Teams.

#### **4.2 Medication**

70% of Working Age respondents and 63% of Older Age respondents who had been prescribed a new drug in the last 12 months felt they had been given as much information as they would have liked about the possible side effects putting us just outside the top 20% performing Trusts.

The Trust however is committed to improving this response and it is the intention of the Drugs and Therapeutics Committee to upload medication information sheets to the intranet once they have been updated by the UK Psychiatric Pharmacists Group. The current sheets available within the Trust on CD Rom are felt to be out of date and the Waverley and Norfolk Trust information sheets produced by Stephen Bazire although recognised as good are lengthy.

There is an ongoing cycle of audit of prescribing, the results of which will inform future work. Dr Rob MacPherson's view was that individuals need to take responsibility for their own prescribing.

### **4.3 Counselling and talking therapy**

Just 24% of Older Age Adults and 37% of Working Age Adults reported receiving counselling sessions compared with 28% of Older Age Adults and 60% of Working Age Adults who reported *wanting* talking therapy. This placed us in the bottom 20% performing Trusts although those who received counselling reported high levels of satisfaction placing us in the top 20% performing Trusts. Concerns about the wording of this question have been passed to the Healthcare Commission as they refer to people "wanting" counselling rather than being assessed to need it.

The Partnership Trust and the Primary Care Trust are committed to improving access to Psychological Therapies with an agreed framework for a stepped care approach. This has four steps with a range of options moving from an assessment and support and treatment offered within primary care through to expert psychological therapy offered by specialists within the Trust. The least intrusive intervention will be offered to people assessed to need input.

Jane Barr Programme Manager is currently reviewing how the existing psychological therapies are organised and delivered in the Trust and is due to conclude at the end of September 2007. The waiting list for therapies has been closed since December 2006 for community referrals but open to referrals from inpatient and low secure units and Assertive Community Treatment Teams in order to reduce the lengthy waiting lists. From mid September referrals will be accepted from the community but with a new referral process which will involve a pre referral discussion followed by an assessment. Input will be reviewed after 18 weeks and robust case load management has been introduced. There is a new protocol re supervision for workers and the Service is advertising 4 x Band 7 posts with fixed term contracts to address the current waiting list.

An additional 60/70 workers are also being trained in Cognitive Behavioural Therapy and the emphasis is on Psychological Therapy covering a range of interventions not just one to one work.

### **4.4 Care and Treatment**

83 % of Working Age respondents and 51% of Older Age respondents felt they had definitely or to some extent understood what was in their care plan putting us in the top 20% performing Trusts. 63% of Older Adults and 80% of Working Age Adults felt they had definitely or to some extent been involved in deciding what was in their care plan again putting us in the top 20%. We were also in the top 20% in relation to the helpfulness of the last care plan review with 96% of Older Age Adults and 94% of Working Age Adults reporting finding it definitely or to some extent helpful.

Only 27% of Older Age respondents and 53% of Working Age Adults reported having a printed copy of their care plan – whilst this gave us a slightly above

average rating nationally the Survey Group felt that this is an area which needs addressing .The introduction of a new CPA review screen on Clinical Manager including a mandatory field requiring the care co ordinator to identify whether a written copy has been given and any reason why not should prompt care co ordinators to do this routinely . If the trust decides to introduce care plan folders this again will be a prompt and will also encourage Service Users to keep their CPA paperwork including crisis cards in one place.

45% of Older Adults and 43% of Working Age Adults reported not having had a care plan review in the last year which although an average rating nationally is still an area that needs to be addressed .Tim Coupland will be looking at the possibility of Clinical Manager being able to flag up when a review is due and it is being suggested that Team Managers should be performance managed for any failure to implement caseload management.

## **5 DISSEMINATION OF RESULTS**

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

The following means have been suggested:

- Results to Practice Standards Committee
- Press release re availability of results
- Posting the results on the Partnership Trust Website
- GPT News
- Writing to Service User and Carer Groups and Partner Agencies
- Cascading information through Team briefings

## **6 RECOMMENDATIONS**

- 6.1 That the Committee receives the Report notes its content and agrees the action plan.