Update to Health Overview and Scrutiny Committee

3rd July 2012

1. Introduction

This paper has been written to give an update of the changes made to Community Mental Health Teams in January 2011 and the impacts this had had for Oxford Health NHS Foundation Trust, for service users and their carers and for the staff who work in the teams

2. Background

From the original consultation document, September 2010, the objective of the Community Mental Health Service is to delivery high quality patient centred mental health care to the adult population of Oxfordshire.

The original model in 2010 was provided by small single consultant teams which were vulnerable to reductions in service due to sickness, vacancies and also less responsive to high levels of referral. The new service proposal allowed for the development of larger Community Mental Health Team's maintaining clear leadership and accountability. This also allowed for more effective cross-cover and the development of wider skill sets across each of the teams.

3. Progress to date

Across Oxfordshire there are now 5 Adult CMHTs (previously 11 small teams) and 3 Older Adult CMHTs (previously 9 teams). All of the new CMHTs have a clear skill mix with a multidisciplinary team that includes consultants, other medical staff, community psychiatric nurses, social workers, occupational therapists and support workers.

Outcome for Service Users and carers

Although, initially, there was some changes in care team for some service users and their carers as the localities moved to larger teams, this was kept to a minimum by ensuring that one professional member of the service users' care team would remain in place during the changes.

The main geographical area where this was an issue was Wantage and Grove. The Wantage and Grove service users moved from a team in the South West to a team in the South East. A staff grade doctor was used to support the handover of service users and to ensure this was a smooth transition from one team to another. All changes were undertaken through the care programme approach with service users having care plans and risk assessments in place and a review of their care prior to transfer.

All service users and carers are now with the appropriate team and appropriate levels of service are now being provided.

Outcome for Staff

The smaller teams have now developed into larger Community Mental Health Teams although for some teams the issue of co-location remains a challenge.

Consultants are working towards inpatient ward provision, with the North and City Teams providing one consultant to work on the wards from the CMHT, the other teams are working towards this.

Hot desking has worked in some teams but others are finding it difficult. Team managers are looking at the issues in the teams and finding solutions to ensure staff are able to work well.

4. Metrics

Before the service changes there were between 6,000 – 7,000 cases open to the Adult and Older Adult Mental Health services. Since the change the caseload remains over 6,000 therefore there has not been a significant change. There were a number of service users on caseloads who had not had any contact with Mental Health services for 6 months and longer. These service users were seen and reviewed, and if appropriate discharged back to the GP.

Contact activity up to August 2010 was approx. 23,000 face to face contacts a year and the contact level this year has increased slightly to approx. 24,000.

Overall we reduced the Community staffing by 49 members of staff; mainly administration and management. We developed larger community mental health teams and encouraged the use of, both, seeing service users at home as well as a clinic model of outpatients. The utilisation of clinics means that the amount of time lost to travel is minimised and more time is being spent in providing interventions to service users.

5. Next Steps

To undertake a review of the Early Intervention Service and Assertive Outreach Service to analyse the impact of the changes on these services

To develop further the role of inpatient consultants and leadership on the wards

To undertake the 12Q survey to gain feedback from staff re satisfaction