

### Review of HSC's specialist secondary care Mental Health Service (December 2018) – summary of actions taken against the recommendations

A summary of the actions taken to address the recommendations of a review of HSC's specialist secondary care Mental Health Service carried out by Mr David Gedze in December 2018 is provided below. The following should be read alongside the Summary Report by Mr Gedze published on 29<sup>th</sup> November 2021.

Recommendation of Mr Gedze Report	Action taken by Health & Social Care (HSC)
<i>Management and leadership</i>	
The Service Manager becomes a substantive post for adults and older adults, with fewer people to line manage.	Previously there were two Service Managers and the role and responsibilities were split. A vacancy in one service manager role afforded the opportunity to review the structure and amalgamate operational responsibility into one post across Mental Health and Adult Disability. This mirrors the responsibilities of the Clinical Director of medical staff. Since Mr Gedze carried out his review there have been further changes at HSC but the recommendation is still being met but under the title of Associate Director, Mental Health and Adult Disability.
Some of the current management responsibilities of the Clinical Director are transferred to the Service Manager.	The Clinical Director works closely with the Associate Director. While some responsibilities are shared between the two posts, the overall responsibility for mental health adult disability services falls to the Associate Director.
Three dedicated operational manager posts, for community, in-patients and CAMHS, are created.	In line with the changes as outlined for the Associate Director for the service two operational manager posts have been put in place to manage and lead Mental Health Inpatient Services and Mental Health Community Services. To support the community focus of health and care delivery the team leader for CAMHS reports to the Operational Manager for Community Services.
A clear professional leadership structure, in which all staff are aware of who their professional lead is and the distinction between this and their line manager.	<p>The pilot of the 'Professional Alliance'<sup>1</sup>, as supported by Committee for Health &amp; Social Care, supports this recommendation and strengthens the voice of all professions that work to deliver health and social care outcomes across the Bailiwick.</p> <p>The Associate Director also acts as the lead nurse for the service and forms part of the Strategic Professional Alliance, responsible for the strategic direction of health and social care services under their remit. Other professions are also represented on the strategic group but moreover there is also an operational alliance that raise the profile and voice of all areas across HSC. These forums allow professionals to come together and share best practice and learning on equal terms.</p>
A lead mental health OT role is created for a senior OT with dedicated time to lead on OT professional development and professional standards.	The most Senior Occupational Therapist (OT) now has protected time to lead the development of the OT role across mental health services. As with other professions there is now a link into the Professional Alliance model.
A lead mental health social worker role is created for a senior social worker with dedicated time to lead on social work professional development and professional standards, providing advice and guidance to ASWs on Mental Health Law.	The Team Manager for the Duty and Intervention Team is an Approved Social Worker. All Approved Social Workers have access to this individual. As with other professions there is now a link into the alliance model.
<i>Community teams</i>	
The community teams are brought together under one manager to create a single community team with specific functions.	The leads for each of the community facing teams report into the Operational Manager for the Mental Health Community which has met the recommendation of a single team approach.
The manager leads a small senior group of senior practitioners.	As above.

<sup>1</sup> The Professional Alliance is a new leadership structure introduced within HSC on a pilot basis. It aims to foster greater integration of services and opportunities for collaborative working across the different health and social care disciplines.

The community team incorporates the current older adults CMHT and provides a service for all adults from 18. There is a senior practitioner and staff from all disciplines specialising in dementia and other organic conditions.	The Older Adult Community Team is now amalgamated with the Mental Health Community Services and provides a service for all individuals over the age of 18. Depending on an individual's assessment they will access the appropriate part of the service including those that specialise in dementia and other organic conditions.
<b>Recommendation of Mr Gedze Report</b>	<b>Action taken by Health &amp; Social Care (HSC)</b>
<i>In-patient services</i>	
Care co-ordinators and key-workers from the community team increase the intensity of their work with patients who are admitted	Care co-ordinators now regularly attend the ward (and ward reviews) during the admission period. They are an integral part of the multi-disciplinary team and input into an individual's care pathway
RAWS is closely aligned to the wards and the balance of work shifts to providing more for acute patients. RAWS OTs contribute to the assessment and discharge planning for all inpatients. STaR workers provide activities and OTs provide therapy on the ward in groups or individually.	The Recovery and Wellbeing Service (RAWS) now reports to the Operational Manager for In-patients and it has increased contact with service users within the acute psychiatric admission unit.  Additionally, an Occupational Therapist has been appointed to work on the ward supported by an OT assistant/activities worker.
There is a Speciality Doctor in the Crevichon team to review patients daily, drive discharge planning and provide a link between the team and the consultants.	Crevichon Ward has a dedicated medical team, including a Consultant Psychiatrist and a middle grade doctor. Discharge planning starts at the time of admission and is multi-disciplinary with the service user at the centre of decision making as appropriate.
<i>CAMHS</i>	
An Operational Manager post for CAMHS is created, reporting to the Service Manager.	A Clinical Lead post has been created, which reports directly to the Operational Manager for Community.
The senior clinicians do not carry management responsibilities.	Senior clinicians no longer have management responsibilities, allowing concentration on clinical work.
A review of the skill mix, with consideration given to STaR workers to undertake some generic duties	A review of the skill mix within the CAMHS service has taken place. However, due to the level of risk that this service user group represents, a decision was made to increase the number of registered staff rather than appoint Support, Time and Recover (STaR) workers.  The skill mix is under constant review in light of changing service demands.
<i>Eating disorders</i>	
The integrated community team ensures there is a multi-disciplinary approach to eating disorders.	Eating disorder management is complex and the numbers vary on the island. There is a clear eating disorder pathway supported by an off-island consultant psychiatrist who visits the island monthly and provides regular supervision to the staff. It is important to have this off-island expertise to support on-island practitioners given the low volume but high complexity of the service user group.
The Operational Manager ensures that training is provided so that staff are confident in working with eating disorder patients.	Staff working in this area have been trained in, and are using, Cognitive Behavioural Therapy for eating disorders. The visiting Consultant also provides advice and guidance to improve staff knowledge, skills and competence.
The service identifies a consultant psychiatrist with clinical responsibility for eating disorders, with training and support as required.	An on-island Consultant, with the support of middle grade doctors and the Psychological Therapy Team, has clinical responsibility for eating disorders.
<i>Substance use</i>	
The interface issues can be resolved if the Community Drug and Alcohol Team is part of the integrated community team.	The Community Drug and Alcohol team is now part of the mental health community team.
A specialist worker in substance use in mental health [dual diagnosis] is created, providing substance use training to mental health professionals and consultation on complex issues.	A member of staff in the department, who is dual qualified, has been identified to work with dual diagnosis service users.  Training is provided by The Institute of Health and Social Care and the Consultant Psychiatrist.
There is closer liaison with the Emergency Department to help both services to understand the other's perspective and clarify what each can and cannot do.	Liaison with the Emergency Department has improved across all teams. The Duty and Intervention Team has dedicated time, on a daily basis, to pick up urgent referrals made through the Emergency Department.

	Further, a memorandum of understanding between the mental health services, the Emergency Department and wider agencies including the Police is now in place and reviewed on a six monthly basis.
<b>Recommendation of Mr Gedze Report</b>	<b>Action taken by Health &amp; Social Care (HSC)</b>
<i>Model of intervention</i>	
There could be more opportunity to discharge people to primary care, by working more closely with GPs.	A process to discharge service users back to Primary Care has always been in place. The Duty and Intervention Team has dedicated input from three psychiatrists, resulting in more intensive medical intervention. As an outcome, service users are stabilised more effectively and can be discharged to primary care with a stable plan for ongoing continuation of care. There is a high level of correspondence between primary and secondary specialist mental health services.
Managers consider converting some STaR worker posts to peer support workers, possibly in collaboration with MIND or service user groups to improve partnership working.	A STaR work post has been converted to a Peer Support worker post within the Recovery and Wellbeing team. The job description for this vacancy has been completed, and recruitment will take place. There has been significant disruption to business as usual since the emergency response to COVID 19. However, the Associate Director is now actively engaging with MIND.
The introduction of personal health and social care budgets could reduce dependency on services. There are examples of moving towards this approach with gym memberships and payments to support personal recovery goals.	The Bailiwick Social Prescribing initiative, developed with the Health Improvement Commission, was launched in July 2021. The wider debate in respect of personal budgets is a policy decision as part of the Supported Living Ageing Well work stream.
The Operational Manager (community) and lead professionals develop a pathway for people diagnosed with personality disorder, including therapies and discharge planning, linking people into support in the community and third sector.	A pathway for people diagnosed with a personality disorder is now in place. Service user skills based training in this area is delivered over an 8-week course in conjunction with the Psychological Therapy Department. The pathway will develop further in the coming months with greater links to third sector partners.
<i>Care Quality</i>	
The service benchmarks with services in the UK to demonstrate quality of care to provide assurance within the organisation and improve the public perception of services.	Audits akin to national standards are undertaken on a monthly basis (such as medication, health and safety and ligature risk audits) and annually (such as SCAPE). Further, educational audits are undertaken by the University of Middlesex on all areas identified for student nurse placements. The Royal College of Nursing is working in partnership with the service so links can be forged to continue service improvement.
The service considers accreditation, such as Accreditation of In-patient Mental Health Services [AIMS], led by the Royal College of Psychiatry.	HSC Committee have directed officers to explore accreditation through the Royal College of Psychiatry. Some of the first steps will be to carry out a staff survey, service user survey and self-assessment.
The service introduces a Quality Improvement [QI] approach to increase staff and team engagement and service user involvement in service improvement.	The Quality and Safety Team adopts a QI approach across all Health and Social Care services inclusive of mental health. There is a dedicated Quality and Safety link for the service area.
A link or partnership with a UK mental health trust could provide mutual benefits, such as peer reviews, learning from good practice or incidents, staff learning and development, secondments and student placements. This could also improve recruitment and retention of staff.	Links have been developed with the Isle of Wight, the Deputy Director Mental Health Nursing, NHS England and NHS Improvement.  The service is also working closely with the Royal College of Nursing as outline previously.
<i>Recruitment and retention</i>	
Regular creative and focused recruitment campaigns to attract people for two years, with the option of staying permanently.	The States of Guernsey uses a variety of recruitment methods including, but not limited to, attendance at professional conferences, placing job vacancies with national health care recruitment agencies and targeted online advertisements.
Rotation posts to enable newly qualified staff to gain a wide range of experience and a link with a university to enhance this with accredited learning.	Mental Health Nurse training is being delivered on island in conjunction with the Open University. Upon qualification, rotational posts are available to those nurses who choose this option.
Managers work closely with the HR partner, ensuring no delays in the recruitment process.	A close working relationship with the Human Resources (HR) Partner and other HR colleagues is established. HR are present for all interviews for posts across all mental health services.

Recommendation of Mr Gedze Report	Action taken by Health & Social Care (HSC)
<i>Strategy and partnerships</i>	
<p>The service develops clear criteria in line with the strategy for mental health and wellbeing, and maintains boundaries. Public health and other partners should reinforce this approach and help people to access support appropriately and reduce dependence on statutory services.</p>	<p>The COVID-19 pandemic has delayed the development of a new strategy. However, planning is underway to enable the completion of a strategy for the period 2022-2025.</p> <p>Bailiwick Social Prescribing provides a platform of support available in the community to reduce the dependence on statutory services.</p>
<p>The service develops a constructive approach to partnership working with statutory and non-statutory organisations, including the hospital Emergency Department, learning disability services, the police, voluntary sector, service user and carer groups.</p>	<p>Partnership working has and continues to be developed with other departments and agencies. For example, the Mental Health Service has worked closely with departments across Health and Social Care and the Medical Specialist Group in developing protocols for living with COVID-19.</p> <p>Mental Health Services are also represented in discussions with Guernsey Police and in agreeing a memorandum of understanding around key roles and responsibilities in working with service users who come to the attention of law enforcement.</p>
<p>The service adopts a co-production approach to service improvement, engaging with service user representatives, who have a say in how services are developed within existing resources.</p>	<p>Health &amp; Social Care has various platforms available as a service user forum, such as CareWatch, to aid service improvement.</p>