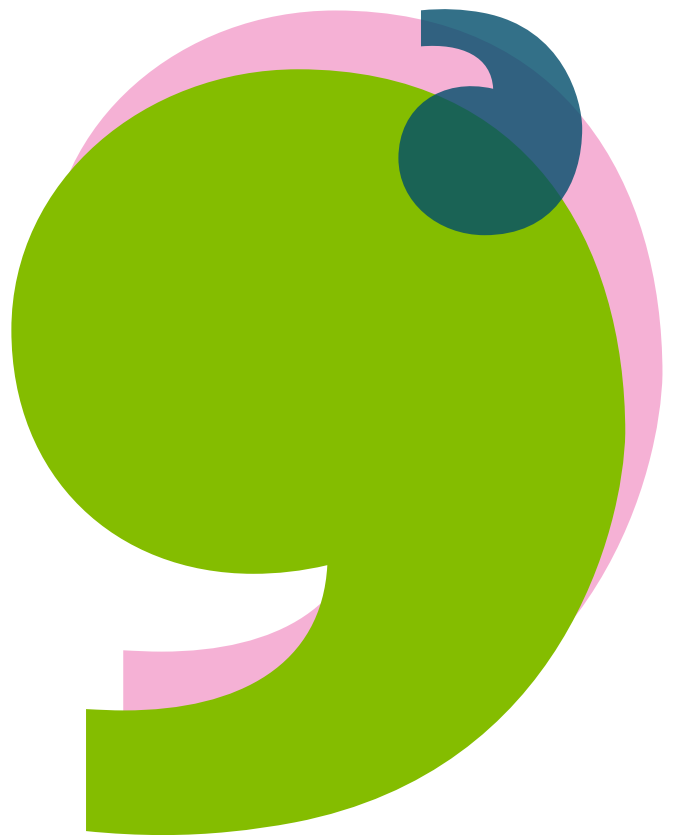# Enter and View report

Adult Mental Health Team City

December 2019

Contents

1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Adult Mental Health Team City, Neill Unit, Warneford Hospital, Oxford, OX3 7JX
Service Provider	Oxford Health NHS Foundation Trust
Date and Time	5th December 2019 09:30 – 13:00
Authorised Representatives	Jeanne Humber, Glyn Alcock
Contact details	01865 520520

1.2 Acknowledgements

Healthwatch Oxfordshire would like to thank the service provider, patients and staff for their contribution to the Enter and View Programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

2 What is Enter and View?

Part of the Healthwatch Oxfordshire programme is to carry out Enter and View visits. Healthwatch Oxfordshire representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of Visit

To engage with patients to understand their experience of using the Adult Mental Health Team in in the City of Oxford.

To get a staff perspective on working within the team.

To observe how the project operates and provides its services.

2.2 Strategic drivers

During 2019, Healthwatch Oxfordshire looked at patient and service user experiences of mental health services. We wanted to hear what is working well as well as where things could be improved. We visited a range of providers starting with inpatient acute care, moving on to community-based care and then looking at voluntary sector provision.

2.3   Methodology

Following a meeting with relevant senior managers in Oxford Health, we were introduced to the lead for the City Adult Mental Health Team (AMHT) via email. A date was agreed for us to visit the team.

When we arrived we were shown around the building and given the opportunity to find out more about the service. To hear from patients and staff we were given a private room within Green Tea Lodge. We heard from one patient and four members of staff. We would ideally like to hear from more than one patient, but understand in some environments or situations this is not possible. We were grateful that a patient came in especially to speak to us, and as that patient gave consent, we have shared their experiences in this report.

2.4   Summary of findings

- From observation, staff and patient relationships appeared good.
- High workload and increasing complexity of patient needs is impacting staff wellbeing and turnover.
- The system is under so much pressure that is isn't always possible to ensure that care is always person-centred.
- An outdated IT system is preventing staff from completing work in a timely manner.
- Regulations around the use of agency / locum staff is not always in the best interests of the patients and the permanent team.

2.5   Results of visit

The Adult Mental Health Team (AMHT) City and North-East provides support to around 2,500 adults aged 18 to 65 experiencing mental health problems. The team covers Oxford city extending out to the north east. There are three teams, each team has clinical leads, Consultant Psychiatrist, between 10-14 Care Co-ordinators and some teams also have support workers and peer support workers. This is the largest of the AMHTs in Oxfordshire. Within each team there sits the Assessment Team who might offer four to six support sessions or signpost to other services, and the Treatment Team who offer longer term care which is more open-ended.

The combined total of all staff is around 100 with a case load of 27 per Care Co-ordinator, which is the lowest it has been for some time. However, at times this will rise to 30+. This is owing to the application of the NHS Red2Green approach

developed by Dr Ian Sturgess, which assesses what benefit the patient is getting from remaining within the service. Red is defined as when remaining under the team is not contributing towards patient care or recovery. Green is when those the patient is receiving care which contributes towards their progress with their recovery goals. This was introduced as a result of concerns that people were staying in the mental health system for too long which can foster dependency.

The AMHT for the city is based at the Warneford Hospital within the Neill Unit. The majority of space within the Neill Unit is for staff. There are a number of offices for staff teams, Doctor's offices, clinical rooms, staff kitchen, staff break area and large meeting room? 1:1 appointments with patients take place at various locations around the hospital site such as Green Tea Lodge. Parking can be tricky although there are more spaces for visitors than staff.

Available Information and observations

We observed a brilliant relationship between Care Co-ordinator and patient. Perfect combination of supportive, empowering, respectful, relaxed with appropriate challenges.

We didn't visit the waiting room within Green tea Lodge so are not able to comment on available information, however there was a great deal of information on the walls of the Neill Unit.

Patient Feedback

- We heard very positive feedback about the support and communication with Care Co-Ordinator who offers regular visits and phone calls.

- We heard how much the Mental Health team do and the importance of a good relationship with your Care Co-ordinator or Community Psychiatric Nurse because if you can't talk about your issues, you can't get help.

- Feedback on the out of hours crisis phoneline was less positive as we were told often no-one answers, and when they do, they did not offer any constructive help. Not being able to access support at night when you need it is a scary experience.

- We heard how previous experience of being detained under the mental health act can cause reluctance to ask for help during crisis due to fear of being sectioned again.

- We heard that other mental health services were greatly valued, however travel to and from these services could be difficult or impossible particularly for those with mobility issues.

- We were told about the challenges of getting an appointment to see your GP as it can take weeks. It is possible to see other GPs sooner, but when you have a lengthy and complex medical history, they don't read beyond the first two pages of your notes and then miss something important.

- There was a clear recognition that health services were under a great deal of strain with a real need for more money and staff.

Carer feedback

- We did not hear from any carers on this visit.

Staff Feedback

- Staff told us about the good level of support and supervision they received with managers being open, approachable, understanding and supportive.
- Staff spoke about their patients in a respectful and person-centred way.
- We heard some really positive work initiatives such as the Recovery Campus Project which was co-designed with Response to provide more comprehensive support to patients by taking an assessment of risk approach using the FACT model and offered 24/7 support to those with complex needs who are at the transition between in-patient care and supported housing.
- The team works on a hot desk system and there are not enough desks.
- Terrible IT system with PCs being too old and too slow (taking 45 minutes to boot up). The Ipads provided for clinical staff so they can enter data whilst mobile do no sync to the Trust database.
- No centralised budget for IT so any necessary spend has to be taken from localised team budgets.
- We did hear that the job has a few challenges such as:
  - Not always being able to help or make a positive difference to patients.
  - High levels of staff burnout due to increasing number of assaults, excessive caseloads, the work becoming more challenging and cases more complex.
  - Service remodelling and system bureaucracy is taking staff away from person-centred care – the introduction of Primary Care Networks has directed service change down a path the team would not necessarily have chosen to take.
  - Continued barriers to accessing psychological therapies despite the transition to integrated working between the two teams.
  - Massive underfunding in supporting patients with complex needs. Staff work very hard supporting this client group and getting them ready to

      move on to Complex Needs Service. This has sometimes been at the cost to staff health.

- o Lack of time to keep up to date with constantly changing landscape of health and social care and what the referral criteria is for these services.
- o The geographical dispersion of patients resulted in a lot of time spent travelling, and subsequently trying to find parking.
- o The frustration of locum staff being paid considerably more than substantive (permanent) staff but are seen to invest far less.
- o The requirement to use only locum staff who are signed up to the NHS Framework which can be more expensive and mean that experienced non-framework locums have to be replaced with new Framework agency staff which is bad for patient care and consistency and team morale.
- o High cost of living locally and lack of Oxford weighting.
- o Variety in referrals from GPs with some feedback that they can 'over refer' or make referrals which are unnecessary or too rapid without taking time to explore further. Unnecessary referrals to secondary MH services can have big impact on patient resulting in turning what was a minor issue into a crisis.

2.6   Additional findings

We heard that the OMHP is a positive initiative that facilitates the functioning of the service, but that there are also some structural challenges. A major benefit of the partnership is that it eases patient movement through the system. The presence of the voluntary sector is generally viewed positively, and embedded workers are a real strength. However, there is an uneven power dynamic between the statutory and voluntary sectors and the partnership is seen as somewhat disjointed, which makes it difficult to produce and follow a clear care package for patients. Co-ordination and communication between agencies can be difficult with bureaucratic processes sometimes getting in the way of patient care.

We also heard that staff would like a cultural change to promote better staff wellbeing with more opportunity to talk about how they feel with less of a focus being on performance, ensure they take breaks.

2.7   Recommendations

- Oxford Health NHS Foundation Trust to invest in the infrastructure of the IT systems within its community based mental health provision.

- Greater investment in support for patients presenting with complex needs both to increase the capacity of the Complex Needs Service and to provide an effective holding space which reduces staff time and emotional overload taken up with these patients.

- Greater focus on staff wellbeing during supervision sessions.

2.8   Service provider response

The provider was given the opportunity to provide feedback on the report. They have not come back with any comments.