

AGENDA ITEM 4

**CWOP/46/10**

**Policy & Scrutiny Committee**    Community Wellbeing and Older People

**Date**                                      9 December 2010

---

**South Essex Partnership University Foundation Trust – Annual Report**

---

---

**Essex County Council  
and  
South Essex Partnership  
University NHS Foundation Trust**

**Annual Partnership Report  
2009/2010**

**September 2010**



**Essex County Council**





Essex County Council  
and  
South Essex Partnership University NHS Foundation Trust

Annual Partnership Report

2009/2010

	<b>Page</b>
Introduction	1
Integrated Services Delivered in Partnership	1
Strategic Partnerships	1
Corporate Vision and Values	2
Trust Wide Performance Overview 2009/10	2
Trust Achievements 2009/10	3
Local Performance Framework 2009/10	4
Support for Carers	7
Moving Into Employment	8
Direct Payments 2009/10	10
Approved Mental Health Professionals (AMHPs)	11
Housing Strategy	12
Service User Survey and Experience 2009/10	13
Budgets	14
Social Care Supervision	14
Health and Safety	14
Conclusions	16
APPENDIX 1	
Director's Report	17

---

---

## Introduction

Since the inception of the original Partnership Agreement in 2002, South Essex Partnership University NHS Foundation Trust (SEPT) and Essex County Council (ECC) has continued to deliver and develop integrated provision of mental health and drug and alcohol services to adults of working age (18-65 years). A new Partnership Agreement was signed early in 2009 and runs until March 2012.

One of the requirements of the Partnership Agreement between SEPT and ECC is for the Trust to report formally to ECC quarterly and annually on the exercise of the delegated functions. This Annual Report provides an overview of activity and performance for the period covering 1 April 2009 to 31 March 2010.

Regular meetings covering the Service and Financial Agreement are held quarterly, and a separate monthly Performance Management meeting as well as a six monthly Partnership Board both assist with the oversight of operations covered by the partnership between SEPT and ECC.

## Integrated Services Delivered in Partnership

SEPT is the main provider of a wide range of specialist mental health and social care services within south Essex. In addition, SEPT was recently successful in a competitive process to win the rights to manage and deliver the same services in Bedfordshire and Luton from 1 April 2010. Major challenges for these services such as social inclusion and mental health awareness, require strong collaborative working with our partner organisations similar to that which already exists in Essex. Jointly we have been able to deliver care and support to people in their own homes and from a range of hospital and community based premises, including:

- Mental health services for adults and older people
- Essex wide Forensic services
- Specialist children's services
- Learning disability services
- Drug and alcohol services
- Other specialist mental health services

## Strategic Partnerships

Working in partnership over the past 8 years has strengthened relationships with ECC partners to further develop local services for people with mental ill health and learning disabilities. As in previous years, a number of new initiatives have been taken forward by the partnership to develop the latest range of opportunities for service users.

The Partnership Agreements that the trust has with Essex, Southend and Thurrock local authorities underpin the approach taken to developing strategic partnership. The Trust continues to actively engage in statutory partnership groups such as Local Area Agreements (LAAs) and Safeguarding Children's Boards. The Trust is one of the statutory partners that will contribute towards new targets that have been published within the latest Local Area Agreement covering 2008-2011.

# Corporate Vision and Values

Our customer service initiatives continued throughout this past year. Being ‘in tune’ with those we serve ensures that our service users and carers receive the best of care. This would not be possible without the expertise and commitment of our staff. We would like to take this opportunity to say a special thank you to everyone working in the Trust together with seconded staff from Essex County Council who continue to make this vision a reality ensuring a positive experience for all who come in contact with SEPT.

## Our Vision:

*“Providing services that are in tune with you”*

People who user the service In tune with me	Values	Colleagues (including partners) In tune with me
We believe you can live a fulfilling life	Optimistic	Everything we do – every intervention – is focused on helping you feel better
We respect you as an individual, and expect you to respect us too	Respectful	We value each other’s contributions
We listen to your point of view, and think about things in the context of your life	Empathising	We consider each other’s perspective
We will give you choices	Involving	We work together as teams, within our organisations and with partners
We help you to take control of your life	Empowering	We all have permission to innovate
We’ll help you to play an active part too	Accountable	We want to be judged by our results

## Trustwide Performance Overview 2009/10

In 2009/2010 South Essex Partnership University NHS Foundation Trust (SEPT) maintained its reputation for being one of the highest performing NHS organisations in the country. Against an international backdrop of economic challenges, SEPT continued to use the resources available to the maximum benefit of the people we serve. Change and challenge have been the bywords for this financial year, but we are so pleased to confirm that we have maintained our excellent operational performance in all areas – clinical, financial and management.

Ratings published by CQC in October 2009 confirmed recognition of the ‘use of resources’ and ‘quality of services’ earning our hat trick of double excellent ratings in the 2009 Care Quality Commission (CQC) Annual Health Check.

We met our income and expenditure financial targets and our regulator, Monitor, gave us an excellent financial risk rating of 4 in the 4th Quarter Compliance Report. Monitor awarded us Green Ratings for Governance and Mandatory Services – these being the highest NHS Foundation trusts can achieve.

---

This year saw the completion of three major capital projects – Brockfield House, a state-of-the-art low and medium secure unit, Brentwood Resource Centre, a brand new community resource centre providing out-patient and day hospital services and The Hawthorn Post Graduate Education Centre on the Rochford Hospital site. We were delighted to welcome Phil Hope MP, Minister for Care Services, to open Brockfield House in September, mental health champion, Alastair Campbell, to unveil the plaque celebrating the establishment of the Brentwood Resource Centre in March and in August European Commission Advisor on Human Resources for Health, Elizabeth Kidd, to launch this important centre for education. A number of smaller schemes to improve clinical environments were also completed in this year.

Our governors have continued to take the lead in engaging with our 10,000 plus members and their communities. Their energy and commitment is unsurpassed and is a major component in SEPT's campaign to raise awareness and reduce the stigma that surrounds mental health and the people it affects. Their development as individuals and groups is ongoing and we thank them for their dedication and co-operation in working alongside the Board of Directors to promote the work of the Trust.

## Trust Achievements 2009/10

The Trust has once again enjoyed many more successes during 2009/10. A summary of our achievements is provided in this section. A detailed review of progress with our key strategic priorities is attached at Appendix 1 for information.

A look back at some of the 2009 – 2010 milestones.....

- Care Quality Commission 'Annual Health Check' – excellent for 'use of resources' and excellent for 'quality of services' – third year in a row and only mental health and learning disability trust in the country to achieve this.
- Chief Executive shortlisted for two NHS Leadership Awards – Leader of the Year/Change Leader of the Year – winning NHS Leader of the Year Award
- Welcomed Professor Louis Appleby CBE, National Director for Mental Health in England and Professor of Psychiatry at the University of Manchester to officially open Rochford Hospital
- Rebuild Study published in American Journal of Psychiatry
- Excellent staff uptake of swine flu vaccination
- Runwell Hospital closure commemoration and celebrations
- Non Executive Director, Dr. Dawn Hillier, appointed Ambassador for Diversity
- Joined and supported 10:10 National Carbon Management Campaign
- Completed and opened brand new state of the art low and medium secure unit – Brockfield House
- Majority of the Trust's services achieved an excellent rating in PEAT (Patient Environment Action Team) Assessment
- Completed and opened the Brentwood Resource Centre
- Health Access Champions and Rochford Hospital shortlisted in regional Health and Social Care Awards
- Developed Memory Clinics ahead of national Dementia Strategy
- Completed and opened the Hawthorn Post Graduate Education Centre on the Rochford Hospital site
- Arts and Health Award for Trust's Professor Jenny Secker's art research

This report would not be complete without mentioning one of the Trust's major achievements of the year. Following a meticulous and tough contest SEPT received the excellent news in December that we were selected to take forward the acquisition of Bedfordshire and Luton Mental Health and Social Care

Partnership NHS Trust (BLPT). In April 2010 we became one organisation under one Board of Directors and single management structure.

We are pleased to present this annual report and do so with great pride. We are sure you will find it informative and interesting. Our achievements would not be possible without our directors, governors, staff, service users, carers, partners, stakeholders and members and we thank all of you. The partnership working between all of us ensures improved mental health and learning disabilities services for the people we serve.

## Local Performance Framework 2009/10

Since the formation of the first Partnership between Essex CC and SEPT in 2002, a monthly Performance Framework has continued to provide regular information to both partners enabling robust and regular monitoring of social care outcomes.

Quarterly meetings of officers from both partners also continue to consider the performance on a detailed basis. These forums identify any 'hot spots' and initiate any further investigations in order to improve understanding and aid service improvement.

**Analysis:** The performance in each quarter against key performance indicators was as follows:

<b>C31 Adults with mental health problems helped to live at home per 1,000 population</b>				
	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Per 1,000 population	4.5	4.7	4.6	4.6
The local target set was 5 people per 1,000 population. The numbers on caseloads have been reducing slightly during the last 12 months. It is understood that this reflects a more complex client group. The national average is 4.5 (07/08) and 4.6 was considered very good performance by CSCI.				
<b>NI 130 Direct Payments and Personal Budgets for Clients aged 18+ during the year</b>				
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of Direct Payments/Individual Budgets	80	76	86	93
SEPT achieved the local target of 87 Direct Payments/Individual Budgets agreed with ECC				

**D40 Adults and older clients receiving a review as a % of those receiving a service**

	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Percentage of clients reviewed-rolling 12 month figures	81.6%	80.9%	81.4%	84.4%

The target of 80% was achieved at year end. As this figure includes clients that have joined caseloads up to April 2010, this is very good performance.

**D42 Carers assessments as a % of all assessments.**

	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Percentage of carers assessments	13.7%	13.8%	13.3%	14.1%

No target was set for 2009/10. Over 500 carers were assessed or reviewed during the year. This illustrates the high level of work being done with carers by SEPT.

**NI135 Carers receiving carer service or advice as % of clients receiving Community Services**

	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Percentage of carers receiving a service or advice	10.8%	17.2%	21.4%	24.9%

The target agreed with ECC was 28%. Performance was good but slightly missed the challenging target.

**NI 132 Time between 1st contact and completion of assessment is less than or equal to 4 wks –Clients aged 18+**

	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Percentage of assessments completed in less than or equal to 4 weeks	81.1%	79.8%	81.9%	85.2%

Work to improve waiting times in all pathways started towards the end of 2009/10. The target of 90% has not been met but performance is good.

**NI133 Acceptable Waiting Time for Care Package aged 18+**

	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Percentage new clients receiving all services in Care Package in less than or equal to 4 weeks of assessment	88.3%	87.9%	90.3%	88.8%

Work started at the end of 2009/10 to understand and address any delays to the delivery of care packages. The target of 93% was just missed.

**LAA LI3.1 clients helped into employment, volunteering education or training**

	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter
Number of people helped into employment, volunteering or education	27	59	82	97

For the second year the total number helped into employment, volunteering or education has increased from the previous year. The target was 61.

As noted above, work is already underway to understand and remove any obstacles to improved performance during 2010/11. It has been another good year for the Section 75 Partnership arrangements. This report shows the performance that underpins the integrated working between partners has continued to be good.

## Support for Carers

During 2009/10 SEPT has been successful in two Department of Health (DH) bids, as well as a NHS East of England (SHA) bid to deliver the outcomes of the National Carers Strategy. NHS South West Essex in partnership with SEPT is a DH Carers Strategy Demonstrator site for 'Better NHS Support for Carers'. The project is called 'Who Cares?' SEPT has also been the provider of the DH Caring with Confidence Programme in south Essex.

A time-limited 'Carers Development Team' based at the Brentwood Resource Centre was set up to manage the various projects. The majority of the SEPT employed staff on this team are either active/current or former carers which brings expertise through experience to the delivery of the projects. In addition the 'extended team' consists of 13 carers who have received training, and who either volunteer their time, or are paid on a sessional basis to co-deliver the service with the Trust. Another six carers have been trained via ARU as independent evaluators of the Demonstrator site.

SEPT worked with Carers UK to develop a Trust Carers Strategy in partnership with local authorities, PCTs and voluntary sector partners as well as carers. The delivery and monitoring of the Trust's Carers Strategy is steered and monitored by SEPT's Carers Steering Group, chaired by the Director of Partnerships and Social Care.

During 2009/10 SEPT has established Carers Champions/ Leads in the majority of its community and in-patient services in both south Essex and Bedfordshire and Luton. Carer Awareness training has been delivered in the form of face-to-face sessions, team training, as well as through the development of the Think Recovery, Think Family, Think Carer e-learning programme.

During Carers Week 2010 the Trust launched both Adult and a Young Carers Charters. These Charters were developed in partnership with adult / young carers, as well as all partner organisations.

The two carers link workers funded through ECC are now integrated into the CMHTs. They complete carers' needs assessments, and their caseloads consist of carers with high need and complex family needs. carer link workers have contributed to a significant increase in Carer Direct Payments.

### **Carer link workers (ECC funded)**

These roles have been integrated into the teams and on average these two workers have caseloads of 16 – 20 complex cases involving carers providing brief intervention which includes carers assessments, carers support planning and review.

During August SEPT in partnership with Greggs the Bakers held a 'Carers Picnic in the park' event. This was held at Thornton Country Park, Brentwood. 110 carers and their family members attended this event.

Carer's assessments are an integral part of the Care Programme Approach. It is the Trust's policy that carers of people who receive a service from the Trust will be offered a carer's assessment and where appropriate provided with services to meet those identified needs. The Trust's Carers Charter and Carers Strategy highlight to practitioners their statutory duty to inform carers of their right to a carer's assessment, and good practice is further reinforced through CPA and Carer staff training.

Monies were made available through ECC for the employment of locum carer support workers to improve delivery on the performance indicators and reported outcomes for carers. Three carers support workers have been in position since September 2008, and provide a family and carer perspective and awareness to the community mental health teams in Basildon, Castle Point, Rayleigh & Rochford and Brentwood localities.

---

A mid-way progress report on the impact of carer support workers, provided evidence of a significant increase in the relevant performance indicators including Carer Direct Payments. As a result further funding has been agreed from the Carers Grant to employ two carer support workers on a two year fixed term contract. This work has also enabled the Trust to successfully negotiate with both Thurrock and Southend Local Authorities on the employment of carer support workers.

SEPT has also been pro-active in exploring opportunities to improve support for carers, and have been successful in a bid to the Department of Health to become a fully funded provider of face-to-face Caring with Confidence sessions, which is part of the Government's New Deal for carers and the National Carers Strategy.

Caring with Confidence sessions have been running in south Essex since 6th July 2009 and are available to any carer aged 18 and over, irrespective of the cared-for-person's condition. It is envisaged that this programme will have a positive impact on both the number of carer assessments, as well as number of carers accessing a service.

The Trust continues to identify areas of improvement in order to improve on carer assessments and to develop better services for carers. Details of activity for this year are as follows:

- Audit and quality review of the process and pathways for carers assessments, as well as the quality of carers assessments
- Further development of carer staff training, which will include e-learning modules and a training DVD on carer identification, assessment and support. Extensive staff training will be rolled out from February 2010
- Working with NHS South West Essex on the development of the Carer Strategy Demonstrator Site. This work includes the development of integrated carer pathways with the aim to promote early identification, assessment and support for carers
- Review of the Trust's Carer Strategy and action plan
- Carer opinion survey

## Moving into Employment

The Employment Specialists working with SEPT are based in the CMHTs: Thurrock, Basildon (2 workers), Brentwood, Rochford, Castle Point & Southend (1.5 workers). There are 2 x 0.5 FTE workers with the Early Intervention Team. To date all workers have been employed by Rethink except the Thurrock CMHT and 0.5 Southend CMHT Employment Specialists who are employed by SEPT.

Rethink and SEPT Employment Specialists have successfully integrated into the CMHTs, holding caseloads of about 20 people at any one time. The outcomes they have achieved with service users are shown below. Support into employment is facilitated using the Individual Placement and Support model, which is advocated by the Centre for Mental Health, and supported by both the previous and current Government administrations in their Welfare to Work strategies for people with mental health problems.

### Employment Specialist support into employment

CMHT	Total 2008-09	Total 2009-10
Basildon East & West	7	7
Brentwood	6	4
Castle Point	2	4
Rochford	14	18
Forensic Services	4	2
Annual Total	33	35

### Employment Specialist support into open education

CMHT	Total 2008-09	Total 2009-10
Basildon East & West	16	11
Brentwood	5	1
Castle Point	8	6
Rochford	13	13
Forensic Services	17	6
Annual Total	59	37

### Employment Specialist support into voluntary work

CMHT	Total 2008-09	Total 2009-10
Basildon East & West	6	11
Brentwood	1	0
Castle Point	4	12
Rochford	7	16
Forensic Services	1	0
Annual Total	19	39

### Jobs Achieved

A variety of paid work has been gained by service users. Examples are:

Housing Support Officer	Postman
Chef	Assistant cook
Council gardener	College Lecturer SEEVIC
Teaching assistant	RBS Call Centre
Cleaner	Web designer
Library assistant	Fast food restaurant
Legal Secretary	SEPT support worker
Papworth Trust Support Worker	Tesco Leigh on Sea
Receptionist Leisure Centre	Waterstones
Blind and curtain shop	Furniture retail assistant

## VOCATIONAL SUPPORT IN FORENSIC SERVICES

Within SEPT Secure Services accredited trade skills training courses have been run in plastering, tiling and woodwork.

Other courses and activities offered have included

- European Computer Driving Licence IT
- Adult Basic Skills
- Ways into Work
- Horticulture
- Retail
- Nail Bar
- Juice Bar.

15 in-house NVQ/City & Guild certificates were gained in 2009-10.

SEPT Vocational Training in Service Services was shortlisted for an HSJ Award in 2009 and invited to present a workshop at the Broadmoor Recovery in Secure Services conference in 2010.

## Direct Payments

The Community Care (Direct Payments) Act 1996 gave Local Authorities the power to offer service users a Direct Payment following assessment of their needs and the confirmation that they were eligible to receive a service from social care. Service users could be offered the option of a Direct Payment to meet all or some of their assessed needs, providing they were both willing and able, with support, to manage their own support requirements.

South Essex CMHT's continue to create an awareness of Direct Payments. Promoting the use of Direct Payments is undertaken through supervision of staff, standing agenda items in team and locality meetings and e-mail and paper updates on developments to frontline staff. Community teams and their managers have been fully briefed and trained on the use of Direct Payments. Additionally the Care Planning Board is ensuring that Care Coordinators develop packages of care having considered the use of Direct Payments or Self Directed Support.

The ongoing payments are generally utilised for daycare services or a personal assistant. Examples of carers Direct Payments include; Complimentary Therapy, gym membership, a camera, a garden swing chair and respite breaks.

The introduction of Carers Link Workers has successfully raised the awareness of carers' needs and the promotion of the uptake of Direct Payments for carers.

Future aims of personalisation including continued uptake of Direct Payments are:

- Practitioners to continue to support service users and carers in taking up Direct Payments or offering the opportunity to participate in the Self Directed Support Pilot
- To continue with the promotion of Direct Payments particularly for carers
- To continue to promote Direct Payments through the supervision of staff, standing agenda items in team meetings and e-mail and paper updates on developments to frontline staff
- Ensure that Safeguarding is an integral part of the personalisation agenda
- To maintain Direct Payment champions in each team with the dual responsibility for the promotion of Self Directed Support

- To train staff to ensure they are equipped with a clear understanding of Self Directed Support, Direct Payments and the FACS criteria
- Carer Planning Board to monitor the review of Direct Payments
- To undertake publicity campaigns for carers and service users

## **SELF DIRECTED SUPPORT PILOT 2009/10**

This part of the report charts the progress of mental health Self Directed Support within south Essex focussing upon achievements to date. Essex has been at the cutting edge of personalisation from the outset and we are determined that its benefits are available to all our service users with social care needs determined by the Fair Access to Care Services (FACS) critical and substantial criteria.

In October 2008 ECC Adult Health and Community Wellbeing Directorate introduced personal budgets for new service users as part of their Personalisation programme.

The project has been planned in a co-production approach with service users and health colleagues and has been designed to promote the Recovery Model of Mental Health with an emphasis on social inclusion. It was initially scoped through a series of inclusive workshops designed to ensure that the project objectives were robust and appropriate.

The ECC/SEPT Self Directed Support pilot is operating across the three main regions of South Essex: Rochford/Castle Point; Basildon and Brentwood covering both PCTs. The pilot began in January 2010, and will be operating for one year gathering important data to ensure the successful roll out of the pilot when it goes live in 2011.

Most staff completed two days training in January 2010 prior to the live launch. For those unable to attend individual support is offered from the Standards and Improvement Team, the Project Lead and the Project Consultant and this will be available on an ongoing basis.

Some practitioners have also accessed ECC training events for SDS which they have found invaluable and have recommended to other practitioners.

## **Approved Mental Health Professionals (AMHP's)**

The AMHP service for south Essex consists of 26 social workers approved by Essex County Council. The majority of AMHPs (21) are integrated within the mental health teams, with a smaller number located in Older People and Learning Disability services.

The service provides an AMHP response for Basildon, Brentwood, Rayleigh, Rochford and Castle Point localities.

Over the past two years 4 social workers have completed AMHP training and joined the rotas. However the rotas lost two AMHPs due to retirement, and have experienced reduced operational response due to other operational demands (particularly within ECC older people services). A further two AMHPs have progressed to senior roles within SEPT and are now directly employed by the Trust.

Ensuring that there are sufficient AMHPs to deliver the service in the future is being addressed through active recruitment for the next AMHP training, as well as working with operational managers.

### **Demand on the AMHP service:**

The AMHP service in south Essex serves a population of approximately 360,881, and on average this equates to 1 AMHP per 13, 880 of the population.

---

National guidance provided through the Social Services Inspectorate on the ASW service in 2001 recommended a ratio of 1: 11,800. This recommendation is pre the amended Act, and therefore should be considered as a conservative estimate. For 2009/2010 the two AMHP rotas in south Essex have received over 359 requests for MHA assessments.

In addition AMHP involvement is also required outside the daily rotas for more complex and planned assessments such as the agreeing, renewal and revoking of Community Treatment Orders (CTO's) and applications for Guardianship Orders. As the majority of AMHPs are at a senior practitioner level, they care co-ordinate the most complex and challenging cases, including those who are on a CTOs or S31/41 cases.

They bring expertise to mental health services in relation to safeguarding, risk assessment and management, alternatives to detention, as well as knowledge on other relevant legislation such as the Human Rights Act, Mental Capacity Act, etc. AMHPs provide an important role in developing the relationship with partner agencies such as the ambulance services, police service, GPs, housing, advocacy, CRHTT and other specialist services.

AMHPs are also often the leads in their teams for a range of Social Care agendas, including Direct Payments, Self Directed Support, Safeguarding, Carers, and other senior responsibilities. They also continue to provide input on the mental health duty provision, and Clinical Assessment Services.

AMHPs also have responsibility for the provision of practice supervision of AMHPs and social workers, as well as providing practice placements for AMHP and social work students.

## Housing Strategy

This part of the report provides an update on the progress in implementing the Trust's Mental Health Housing Strategy. The overarching vision of both SEPT's and Essex County Council's accommodation strategies is to enable people with mental health needs to be in settled accommodation which enhances mental well-being and reduces discrimination and social exclusion.

An achievement of SEPT's Housing Strategy has been to establish a lead professional to improve coordination, gather information, and reduce the dependency upon residential care, all of which are in the process of being addressed.

Local Housing Forums have also been established bringing together local housing interests with a view to mapping local resources, defining local need, agreeing local priorities, identifying gaps in service provision and exploring and agreeing care pathway options. This has enabled agencies to become aware of each other's existence, sharing priorities and values and improving coordination between agencies. The results of the forums feed into the Essex Mental Health Housing Strategy Steering Group. As the forums become more established their remit will also include training to the CMHTs in the delivery and access to a range of housing options.

A further priority emerging from the Strategy was to identify all service users within residential care and evaluate their current care plan, ensure they have an allocated care coordinator and identify alternatives to residential care. This recognises that service users, their carers and families require choices that will meet their identified needs and aspirations to live full and independent lives in the local community.

Residential care placements are being reviewed by the locality teams and there are good practice examples of where Self Directed Support have been utilised to assist people to step down from the restrictive aspects of residential care.

The Care Planning Board only authorises Residential Care when all other options have been exhausted including 24 hour supported living.

SEPT is furthermore working in partnership with Essex County Council's Joint Mental Health Commissioner and North Essex Partnership Foundation Trust on a short term project aimed at reviewing care packages. This 'Short-Life Review Team' will facilitate the review of all high cost residential and other identified care packages.

## Service User Survey and Experience 2009/10

The CQC published the results of the annual national community mental health survey for 2009/10 in September 2010. Interim results were presented to the Trust in July 2010 by the contractor who carried out the survey on behalf of SEPT and the former Bedfordshire and Luton Partnership Trust.

The CQC use the results from a range of national patient surveys carried out in a range of NHS provider settings for informing patients and the public of trusts' results, and use the results in its continual monitoring of trusts' compliance with new essential standards of quality and safety introduced in April this year. The Department of Health will use the results in measuring performance against a range of indicators. Individual providers are required to demonstrate that they use the results to improve their performance and understand their patients' experiences.

Previous surveys of community mental health services were carried out from 2004 to 2008. Following the changes to the Care Programme Approach, the survey on community mental health services was revised for 2010 and some of the questions were changed. The results also include the views of people over 65, which those of the previous surveys did not. Because of these changes, the 2010 results are not statistically comparable with those of the previous surveys.

Nationally, questionnaires were sent to a random sample of 850 service users who were seen between July and September 2009 by each of 66 NHS trusts providing community mental health services. More than 17,000 questionnaires were returned, which equated to a national response rate of 32%.

The Trust has put in place local systems of monitoring experience on a routine and consistent basis. The local monthly "point of use" surveys consider many of the same issues covered by the annual national survey programme. These systems have been in place in south Essex for about 18 months and have been implemented across new SEPT consistently since early in 2010. These local systems, which are overseen independently of operational service delivery by the Patient and Public Involvement Team, identify that with the exception of having a copy of care plan and Out of Hours number, satisfaction is better than that expressed in the national survey:

Question	National Survey Result Threshold for top 20%	National Survey Result Average across Bedfordshire, Essex and Luton
Thinking about the person you saw today, were they respectful?	94%	90%
Do you have trust & confidence in them?	85%	77%
Did they listen to you?	90%	85%
Do you have a copy of your care plan?	72%	73%
Do you have an out of hour's telephone number?	67%	56%

## Budgets

The accounts show expenditure for the period of £2,617k against income in respect of these commissioned services of £2,655k an under spend of £38k.

The overall financial position as at 31 March 2010 was as follows:

Adult Mental Health Services	Budget	Expenditure	Variance
Management Budget	292	473	(181)
Assertive Outreach	124	193	(70)
CMHT's	1,318	1,147	171
Coombewood	65	64	2
Criminal Justice	118	124	(6)
Drug & Alcohol	211	105	106
Forensics	174	215	(41)
Support Workers	311	270	42
Training	41	26	16
Total Essex Social Services	2,655	2,617	38

## Social Care Supervision

An audit of social care supervision was undertaken December 2009 – March 2010 and provided a set of recommendations in line with the Social Care Taskforce Report. This audit has also resulted in a review of the Trust's Social Care Supervision Policy and Guidance, as well as the structures and arrangements for supervision.

As at August 2010 there is an establishment of 54 ECC social care staff members seconded to SEPT. All ECC social care staff has an allocated supervisor. There is currently a hierarchical structure in place for social care professional supervision. Senior Practitioners are supervised by Consultant Social Workers; social workers by Senior Practitioners, and support workers by qualified social care staff. Peer and Group supervision models are also used.

All ECC social care staff receives yearly appraisal using the 'My Performance' appraisal process. The appraisal is undertaken by their respective manager regardless of their professional qualification. The social care training needs identified from these appraisals are forwarded to the Associate Director and followed up and reflected in the discussions with the ECC/SEPT Workforce Development Action Group (WDAG), and other relevant workforce development forums.

## Health and Safety

The Trust continues to maintain compliance with current Health & Safety Legislation, which is evidenced by the ongoing review and introduction of Policies and Procedures.

The organisation has received no visits from the HSE during the year and continues to work closely with the HSE on all aspects of Health & Safety and is actively involved in HSE workshops in respect of Slips, Trips and Falls within SEPT.

---

The Trust continues to monitor all incident forms received in the Risk Management department and report to the HSE all those that fit the criteria required for reportable incidents in accordance with the Reporting of Incidents Diseases and Dangerous Occurrences Regulations (RIDDOR).

Every year the HSE publish figures across all of the public sector and industry as to the number of reported incidents throughout the year. It is noted that the average monthly figure for the healthcare sector is calculated at eight incidents per month. Currently the Trust average monthly figure is three reportable incidents.

Health & Safety audits continue to be undertaken on an annual basis across the Trust. Following the introduction of the new template last year, there have been further additions to improve the efficiency of the audit. It is noted that a further section on site security has been included to evidence as to whether or not adequate controls are in place to protect Trust property, patients, service users and staff members by the monitoring of visitor movements throughout the organisation.

The Trust has been subjected to seven Fire Safety Inspections during the period, which are undertaken by the Essex Fire & Rescue Service in accordance with the Regulatory Reform (Fire Safety) Order 2005.

During the inspections the Trust are audited on Fire Risk Assessments, Training, Fire Drills, Fire Alarm Tests, Evacuation Procedures, Housekeeping and staff knowledge of hazards of fire. In all of the visits the Trust has received positive feedback from the fire service regarding compliance to the regulations.

The Integrated Risk Management Department also continues to provide training courses throughout the year, they are:

- Accident/Incident Reporting (including RIDDOR)
- Workplace Risk Assessment and Risk Assessor Training
- Health & Safety Representatives
- Fire Warden
- Managers Health & Safety
- General Fire Training
- Root Cause Analysis

---

## Conclusions

The partnership has required a huge commitment from both SEPT and Essex County Council. 2009/10, the eighth year of the partnership, has been another very successful year and the links between health and social care have strengthened and continue to improve.

The Trust is confident that the partnership arrangements will continue to be successful in forthcoming years; building on the firm foundations that have been established in previous years, which will ensure even closer working with the local authority in delivering better quality care.

**Dr. Patrick Geoghegan, OBE**  
Chief Executive

# APPENDIX 1

## Director's Report

Welcome to the Director's report where we provide an analysis of the development and performance of our organisation's business during the financial year which ended 31 March 2010. The following pages include an operating and financial review of the Trust's activities for 2009/10.

The Directors of South Essex Partnership University NHS Foundation Trust present their report for the period 1 April 2009 to 31 March 2010. Details of the Trust's Directors are contained within the Governance review section of this document (page 28).

On the 1st April 2010, the Trust acquired the Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust. The annual report and accounts for 2009/10 relating to this organisation are contained within a separate document.

In preparing this report the Directors confirm that they have provided the external auditors with a Letter of Representation. This letter has been duly considered by the Trust's Audit Committee and Board of Directors and confirms that all relevant audit information, of which the Directors are aware, has been passed onto the external auditors. The Trust's Directors have also taken all reasonable steps to ensure that the Trust's external auditors are aware of all material facts known to the Trust in relation to the Trust's annual report and accounts for 2009/10.

The Foundation Trust is a legal entity in the form of a Public Benefit Corporation and was licensed on 1 May 2006 under the Health and Social Care (Community Health and Standards) Act 2003, now superseded by the NHS Act of 2006 (Chapter 5).

### OPERATING REVIEW

#### Taking forward our strategic priorities

Four key priorities were identified for 2009/10 in our Annual Plan, underpinned by a wide range of objectives that have been taken forward with much success, thanks to the regular monitoring that was put in place by the Board of Directors. In this section we have provided a summary of the progress made by the Trust to continually improve the quality of local services and highlighted just some of our many achievements.

#### Priority 1 - Delivering quality services

This priority reflected our commitment to respond to the focus on quality that is expected nationally and locally. We are delighted to report that all targets set by the Care Quality Commission (CQC) and Monitor, relevant to providers of mental health and learning disability services, were met as at 31 March 2010. The results of the CQC Periodic Review for 09/10 will not be published until October 2010, but the Trust is confident that it will receive an "excellent" rating for quality of services. The Trust has been registered by the CQC to provide health services from 1 April 2010 as a result of being able to demonstrate compliance with the new registration standards that come into force at that time. The results of the first annual National Mental Health In-Patient Survey published in September 2009 confirmed that whilst there is room for improvement, SEPT in-patients expressed the highest levels of satisfaction with services in the East of England. The Trust is able to confirm full compliance with all of the "Delivering Same Sex Accommodation" environmental requirements as at 31 March 2010. Stretching goals were agreed with local commissioners

---

as part of the CQUIN (Commissioning for Quality and Innovation) framework and with all local stakeholders as part of our first Quality Account. Many of the “stretch” targets related to further and continued improvements in access to services for local people and we are delighted to report that these have all been met, including achievement of a maximum 18 week wait for treatment (for all services) one year in advance of the national implementation date for mental health services.

#### **Priority 2 - Service development**

We made a commitment to ensure that we continue to improve existing services and develop new services to respond to local need. During the past year the Trust completed the building of and transferred existing services into a new forensic mental health unit (Brockfield House) and community mental health resource centre in Brentwood. We also established a new local memory assessment service in line with the National Dementia Strategy and an Improved Access To Psychological Therapies service. Support for carers of people with mental ill health was enhanced through provision of a local “Caring with Confidence” programme and as a result of securing additional funding from the Department of Health, the Trust has been able to help carers make time for themselves away from caring, build up their knowledge and strengths, obtain useful information and identify the positive changes they can make in their own situations. In partnership with NHS South West Essex we have attracted funding for the ‘Who Cares?’ project. This project involves colleagues in primary care and acute hospitals who help to identify carers so that appropriate support can be made available.

#### **Priority 3 - Fit for purpose**

Ensuring that our organisational infrastructure, our workforce and our Board is prepared for and able to respond to any future challenges was identified as essential. In these challenging financial times, excellent financial stewardship will be critical. At the end of March 2010, the Trust has achieved all of its financial duties, ending the year with a surplus of £2.1 million before impairments and a Monitor risk rating of 4. We have continued to invest in new technology and LEAN service improvement techniques to enhance efficiency and have continued to strengthen the governance structures in place to support quality decision making going forward. The Board, Executive Team and Top Team have participated in regular organisational, team and individual development programmes and a new competency framework and appraisal system has been introduced.

#### **Priority 4 - Ensuring a sustainable future**

The Annual Plan 2009/10 acknowledged that action was required to ensure that the Trust is sustainable in the longer term and the Board embarked on an ambitious programme of action to position the Trust favourably. In particular, the Trust successfully pursued the acquisition of Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust (BLPT) through a competitive and thorough process overseen by NHS East of England and subsequently assessed by Monitor. On 31 March 2010, BLPT was dissolved by the Secretary of State for Health and SEPT acquired the assets, liabilities, and contracts for provision of services for 3 years with effect from 1 April 2010.

### **PERFORMANCE AGAINST CONTRACTS**

The Trust has legally binding contracts in place with local Primary Care Trusts to deliver mental health services across south Essex. The contracts cover care services provided to patients in hospital wards, those cared for in the community and patients receiving day hospital services. The commissioners monitor the Trust to ensure that agreed activity is delivered through monthly monitoring reports and quarterly contract monitoring meetings. Contract activity during 2009/10 was based on the provision of a specified volume of occupied bed days on hospital wards and face to face contacts in the community and day hospital attendances.

Figure 1 – Community Activity by Specialty

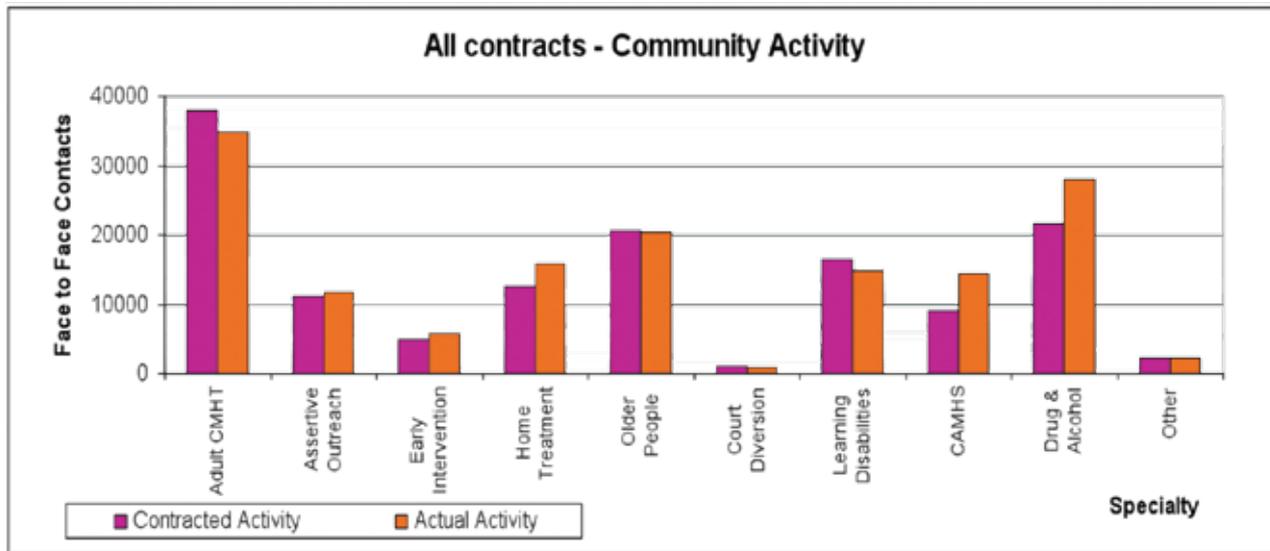


Figure 1 confirms that as at the end of March 2010 the Trust has exceeded the contracted activity for the Assertive Outreach, Early Intervention, Home Treatment, Child & Adolescent Mental Health Services (CAMHS) and Drug & Alcohol services and slightly under-performed against the Adult Community and Learning Disabilities teams.

Figure 2 confirms that the Trust performed exactly against the contract in place for older people inpatient activity and exceeded the contractual requirements for adult inpatient services. Hospital activity on the Low and Medium Secure wards was below maximum potential activity due to the opening of additional capacity at the new Brockfield House which was fully operational from the start of November 2009.

Figure 3 shows that the Trust over performed on its delivery of Adult day hospital activity, but due to an operational change following on from the introduction of the Dementia service, narrowly missed its target for Older Peoples day hospitals.

Figure 2 –Hospital Activity by Specialty

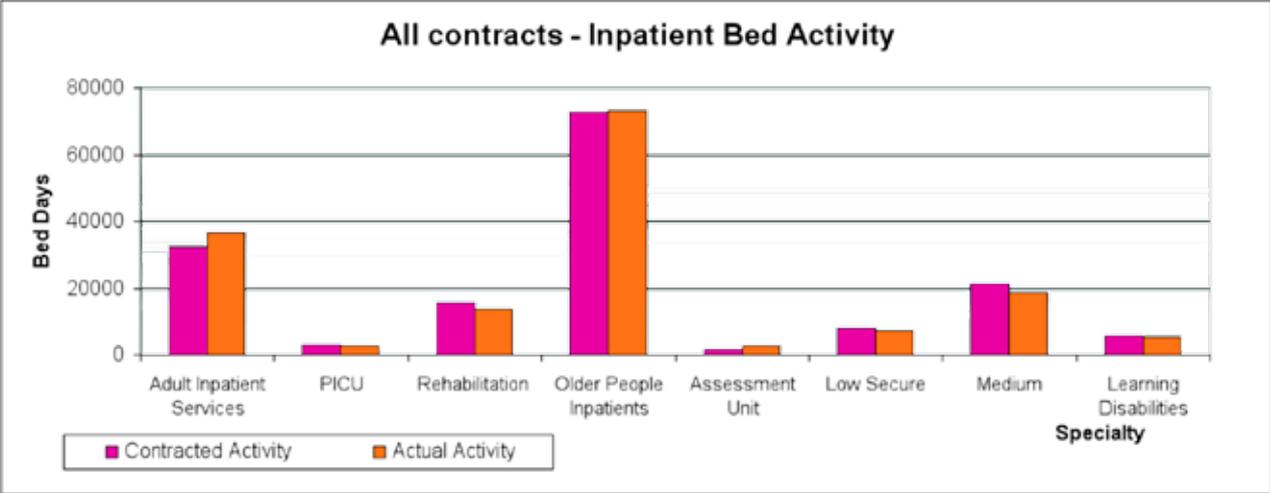
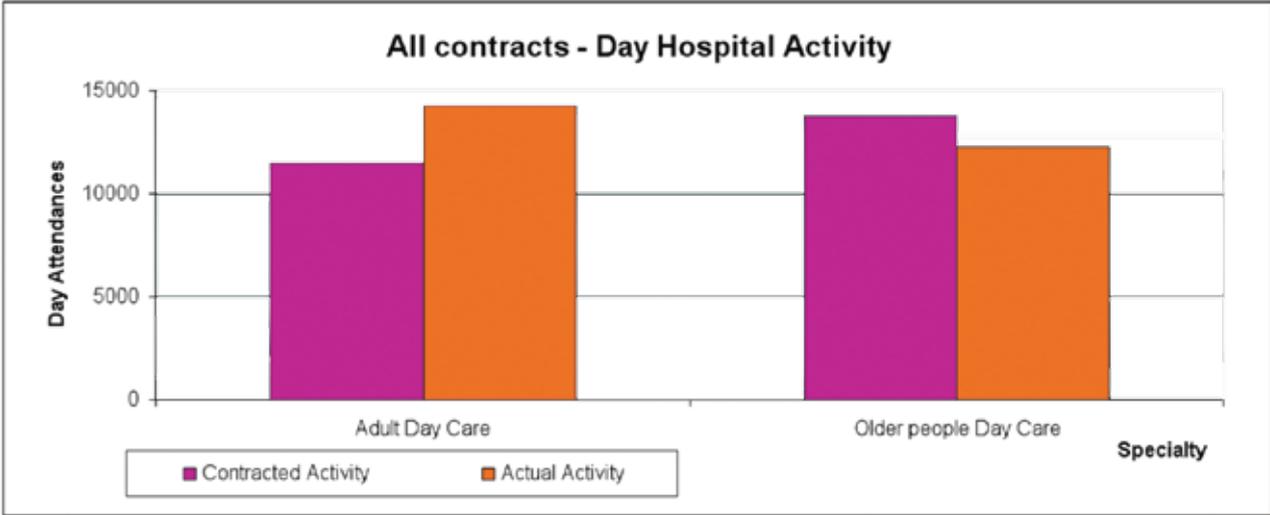


Figure 3 – Day Hospital Activity by Specialty



**PERFORMANCE AGAINST PERIODIC HEALTH CHECK REQUIREMENTS**

In October 2009, the Trust was delighted to receive confirmation of the Care Quality Commission’s Periodic Health Check performance assessment for 2008/09. This is the third consecutive year that the Trust has received the highest possible rating and the Trust is the first mental health organisation to achieve this. The Trust received a score of “Excellent” for its use of resources, and “Excellent” for its quality of services. The Care Quality Commission calculates the periodic health check rating for the Trust, based on performance during the year over a range of indicators.

**Table 1 – Self Assessed Performance Against Periodic Health Check Targets 2009/10 (as at May 2010)**

Measure	Indicator	Trust Position
Standards for Better Health	24 Core Standards in seven domains	The Trust is fully compliant with all standards.
Mental Health Indicators	Proportion of people receiving follow-up contact within seven days of discharge from hospital	The Trust has achieved a 97% follow-up rate.
	Admissions 'gatekept' (seen by or notified to CRHT (Crisis Resolution Home Treatment) prior to admission to identify whether an alternative to admission is appropriate	94% of admissions have been gatekept by the CRHT between 1st April and 31 March 2009.
	Patterns of care from the MHMDS (Mental Health Minimum Data Set)	During Q1 and Q2 (measurement period defined by Healthcare Commission – Care Quality Commission) 100% of patients discharged from an in-patient setting had a care co-ordinator identified at the time of discharge.

Measure	Indicator	Trust Position
	Drug users in effective treatment	As at November 2009 (latest data available from the National Treatment Agency), 92% of service users were retained in treatment for 12 weeks or more. The Trust's retention rate was 92% for 2008/9.
	Experience of patients	The results of the survey of the experience of in-patients will not be available until July 2010.
	Completeness of the MHMDS	During Q1 and Q2 (measurement period defined by Care Quality Commission) 69% of records were complete.
	Child & Adolescent Mental Health Services	The Trust is fully compliant on four criteria and is 75% compliant on two criteria.
	Best Practice in MHS for people with an LD	The Trust achieved 'Green' status on 11 out of the 12 key requirements.
	NHS staff satisfaction	The report on the staff satisfaction survey has been released but the indicator score from the CQC is not yet available.
<b>Learning Disability Indicators</b>	Campus provision	All campus patients were discharged on 1 April 2009 which means that the Trust has already achieved this target.
	Number of People with a care plan	All current inpatients have a care plan that meets the Healthcare Commission Care Quality Commission criteria.
<b>MH &amp; LD Combined indicators</b>	Delayed transfers of care (DTOC)	During the period April to August 2009 (measurement period and construction identified by the CQC ) there were 72 bed days occupied by people who were considered to be fit for discharge. During the same period there were 10336 bed days. This results in a DTOC rate of 0.7%.
	Data quality on ethnic group	100% of inpatient and community records have the client's ethnicity recorded.

## MONITOR KEY TARGETS

The NHS Foundation Trust regulator, Monitor, assesses the Trust's clinical and quality performance bi-annually. The compliance framework and subsequent risk rating assesses achievement of Department of Health core standards (shown above) together with performance against four key targets.

The Quality Account (Report) includes an update on the following four targets:

1. 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital. Monitor set a threshold of at least 95% of discharges to be followed up by a contact in the community within seven days. Between 1st April 2009 and 31 March 2010, there were 1,001 discharges, of which 966 were followed up in seven days, equating to a follow up rate of 97%. Therefore the Trust met this target.
2. Admissions to In-Patient services had access to crisis resolution home treatment teams. Monitor set a target of at least 90% of Adult Acute in-patient admissions to be seen by, or notified to, the crisis resolution home treatment teams, between 1st April 2009 and 31st March 2010. 94% of the 735 admissions were gatekept by the crisis teams and therefore the Trust exceeded the performance target.
3. Maintain levels of crisis resolution teams set out in the 03/06 planning round (or subsequently contracted with PCT) The Monitor Compliance criteria is to have five Crisis Resolution Teams in place, meeting the required six levels of fidelity:
  - a multidisciplinary team;
  - 24/7 availability;
  - staff in frequent contact with service users;
  - provision of intensive contact over a short period;
  - staff stay involved until problem resolved;
  - Capacity to offer intensive support at patients' homes.

Throughout the year, the Trust has provided five crisis teams to support clients in the community.

4. Minimising Delayed Transfers of Care. Monitor has set a target of no more than 7.5% of occupied bed days (OBDs) to be attributable to delayed transfers of care across the Foundation Trust. The combined figure for this Trust, including mental health and learning disabilities is 2.7% between April 2009 and March 2010. The Trust is therefore performing well within the limit set by Monitor.

## OTHER KEY PERFORMANCE INDICATORS

In addition to the Healthcare Commission / Care Quality Commission targets and those identified by Monitor, the Trust is required to achieve the following Department of Health (DH) targets.

The Trust is pleased with overall performance against our key performance indicators. Robust systems of monitoring and reporting performance by service managers, the Executive Operational Committee and the Board of Directors on a monthly basis has ensured that "hotspots" have been identified and managed.

## RISK MANAGEMENT

### Management of Risk and Assurance Processes

"Boards need to be confident that the systems, policies and people that they have put in place are operating in a way that is effective, is focused on key risks and is driving the delivery of objectives." (Assurance: The Board Agenda 2002).

**Table 2 – Performance Against DoH Targets**

Department Of Health targets	Target 2009/10	Actual 2009/10
Early Intervention Services – New episodes Of care	92	118
Assertive Outreach Team caseload	245	251

Risks are uncertain future events that could influence the achievement of the Trust’s strategic, clinical, financial and organisational objectives. The Trust has developed effective systems to manage risk and provide the Board with assurance of this.

Regular reports are provided throughout the year to the Audit Committee, Integrated Governance Steering committee and Board of Directors to ensure that progress with developing risk management and assurance systems is reported and to provide assurances that risk is being managed.

Throughout 2009/10 the Trust has taken action to ensure that the assurance system is effective and adds value. At the start of the year the organisation identified its seven key objectives for 2009/10 and assessed the risks that had the potential to jeopardise them. These risks were incorporated into the Assurance Framework and monitored monthly throughout the year. The Trust’s Directors considered each risk in terms of its potential impact on cash and likelihood of the risk crystallising during the financial year. This process gave rise to 12 potential significant risks which through careful management did not ultimately pose a problem for the Trust.

#### **Assurance Framework**

The Assurance Framework focused on providing the Board of Directors with the assurance that the organisation’s significant risks were being appropriately managed and that there was adequate evidence of this process. Gaps in controls and assurances were actively considered throughout the year. The Trust commissioned Internal Audit to conduct independent and focussed reviews of the arrangements in place to control risks and these reviews provided the Board Of Directors with substantial assurance that each risk had been mitigated.

