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For Immediate Release

Community Care

Kathy Chapman, Director of Operations (Norfolk) said:

"Yes, before the launch of the Trust Service Strategy, the Trust applied a 4 or 5% efficiency saving to each team, leading to a year-on-year reduction in staffing of community teams up to and including the year beginning April 2012. Our senior clinicians told us that this approach to making efficiency savings was unsustainable

The Service Strategy runs from April 2012 to March 2016.

The first year - 2012-13 - consisted of mainly design and consultation and the Trust began consulting on detailed changes to each of our service in Norfolk and Waveney from January 2014, with the first changes to service and staffing beginning around April 2013.

The changes to acute services staffing inpatient and community will begin to come in from 1 December 2013 in West Norfolk, March 2014 in Central Norfolk and Autumn 2014 at the earliest for Yarmouth and Waveney. Suffolk services are at the early stages of design and consultation and we estimate that any changes to staffing of the acute services inpatient and CRHT will be during 2015.

The changes will be fully implemented by March 2016.

The approach within the Service Strategy is to achieve a 4 or 5% saving in real terms each year by treating more people in the community, whether through CRHT or new intensive support team for people with problems related age.

In March 2013, National Benchmarking showed that our Trust has slightly more staff per community case and community contact than the average trust and our cost per case was slightly higher than the average case. The Service Strategy will ensure that our staff allocation per case and per contact in the community aligns with the national average or is slightly higher (where we believe that this adds additional value e.g. by avoiding use of hospital beds or allowing earlier intervention and better long term outcomes).

The Service Strategy will ensure that our inpatient wards maintain staffing levels at or above the national average and that our staffing levels meet any future national standards.

The Service Strategy will see an increase in the number of posts in CRHT and at the same time the addition of three entirely new teams that work in a similar way for older people – one in each of West Norfolk, Central Norfolk and Yarmouth and Waveney.

The good functioning of CRHTs is not just about levels of staffing – our CRHTs have been under considerable pressure to undertake work that is not a core CRHT function – the main area of pressure is first assessments marked by referrers as 'emergency/four hours' when a routine assessment within 72 hours or 28 days would be sufficient.

We are tackling this inappropriate demand on CRHT by working with CCGs and GPs to manage our referral systems (through our new single point of access) and by working with CCGs and acute trusts to put in place mental health services in acute trusts including A&E liaison.

Other projects under discussion include staffing our 136 Suites (additional acute service posts in CRHT) and putting in place new posts to work alongside the police in the community - work is under way to look at the costs and benefits of these schemes.

In addition, there will be a range of new alternatives to admission beds, for example in residential homes, supported by trust staff, for patients of all types, locally based, so that no one needs to go into hospital simply because they had no other suitable place to stay.

The Trust aims to be at, or close, to the upper quartile point (best 25%) of all mental health trusts for bed numbers, admissions and bed days per population and well within the best 25% for minimising delayed transfers of care and lengths of stay and readmissions within 30 days."

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