

LOCAL SERVICES DIVISION ADULT MENTAL HEALTH DIRECTORATE REVIEW OF ADULT MENTAL HEALTH AND MENTAL HEALTH SERVICES FOR OLDER PEOPLE SERVICE TRANSFORMATION 2014-2015

INTRODUCTION

This paper outlines progress made within Adult Mental Health and Mental Health Services for Older People following the closure of inpatient units and the re-investment into Community based services.

AMH SERVICE CHANGES

1. EXECUTIVE SUMMARY

This paper provides a review of the progression and impact of service transformation within the Adult Mental Health (AMH) Directorate in 2014/15. The paper will give feedback on service transformation undertaken across the city and county of Nottinghamshire.

The AMH directorates clinical Strategy was reflected in the development of the Transformation Programme for 2014/15, which included:

- The development of Enhanced Crisis Resolution and Home Treatment teams (ECRHT) serving the city and south county of Nottinghamshire
- The establishment of a 6 bedded Crisis house serving the same population
- A reduction in acute inpatient beds by achieving the closure of wards A42 and A43 at Queens Medical Centre
- The development of a Community Rehabilitation Team (CRT) serving the population of Newark and Sherwood
- A reduction in inpatient rehabilitation beds by achieving the Closure of Enright Close Rehabilitation unit in Newark
- The establishment of a pilot project for 111 callers with identified mental health needs to access expert mental health advice and avoid unnecessary emergency department attendance

This paper provides detail relating to the delivery of the Service Transformation Programme and the impact of the same.

2. SERVICE TRANSFORMATION ACHIEVEMENTS

2.1 DEVELOPMENT OF ENHANCED CRHT AND CLOSURE OF WARDS A42 AND A43

- Supported by our commissioning colleagues, the AMH Directorate was able to effectively manage the development of the enhanced Crisis teams while gradually reducing bed occupancy at the Queens medical Centre site due to decreased clinical need. This was achieved through the funding of both services during the

development of Enhanced Crisis Resolution and Home Treatment teams (ECRHT) by our commissioners to allow optimum clinical care to be delivered throughout the transition process

- AMH completed a wide ranging public engagement exercise relating to these proposals and were able to offer more detailed clinical assurance to service users, carers and other interested parties
- In partnership with commissioners AMH set stringent performance indicators relating to the new Enhanced Crisis Resolution and Home Treatment teams, these related to quality, reactivity and responsiveness, patient and carer satisfaction, and impact on partner agencies, particularly social care and emergency care of the reduction in inpatient beds
- Both wards A42 and A43 were able to be closed within the agreed timescale with the majority of service users discharged to appropriate community settings
- The Enhanced Crisis Resolution and Home Treatment team has been offering a 24 hour a day and seven day a week service to those in mental health crisis since September 2014 offering a true alternative to both admission to hospital and attendance at an emergency department for those experiencing a mental health crisis
- The Enhanced Crisis Resolution and Home Treatment team now provides a multidisciplinary service including consultant psychiatrist presence over seven days a week improving access to expert assessment and treatment, and offering wider access to expert clinical opinion than any other community service
- All staff affected by the closures of wards A42 and A43 were able to be offered appropriate alternative employment within Nottinghamshire healthcare with many choosing to work in the enhanced Crisis Resolution and Home Treatment teams
- Detailed training packages were developed for all staff working within the Enhanced Crisis Resolution and Home Treatment teams focusing on managing risk specifically for those in mental health crisis, and acknowledging the concerns of some carers with whom the Directorate engaged we have ensured that all staff are receiving specialist training with regard to working with families and carers
- Haven house a six bedded crisis house opened in January 2015 with support for commissioners and in partnership with framework offers a further alternative option for those experiencing a mental health crisis.
- Since the 01/09/2014 The Enhanced Crisis Resolution and Home Treatment teams serving City and County South have been able to support 2440 service users. Admission rates for those services users referred to the teams by our GP colleagues have been less than 5% when reviewed month on month.

2.2 DEVELOPMENT OF NEWARK CRT AND CLOSURE OF ENRIGHT CLOSE

- Enright close residents were all successfully supported to appropriate onward care packages by September 2014, most of these service users continue to receive rehabilitative care from the newly developed Community Rehabilitation Team
- AMH completed a wide ranging public engagement exercise relating to these proposals and were able to offer more detailed clinical assurance to service users, carers and other interested parties

- The Newark and Sherwood Community Rehabilitation Team has been fully operational since September 2014 offering intensive and specialist multi-disciplinary rehabilitation packages to a wider range of service users than ever before, the team currently has a caseload of 71 service users and has undertaken assessments of 86 service users since becoming operational offering a much wider range of service users access to this specialist service than ever before
- The Community Rehabilitation Team are also offering and in reach service to acute inpatients in order to support the facilitation of timely discharge for those services users who require a period of acute admission
- Continued close monitoring of developments in rehabilitation strategy and the impact of Community Rehabilitation Teams is a core part of the terms of reference for the Rehabilitation project work stream which benefits from service user and carer representation
- Service users who have spent many years in inpatient care living independently for the first time in many years
- Most staff affected by the closure of Enright Close were able to be offered appropriate alternative employment within Nottinghamshire healthcare many staff are using their expertise to support service users in the Community Rehabilitation Team

2.3 111 SERVICE

- Pilot Project, commenced in February 2015, running until March 2016 funded by NHS England for AMH to work in partnership
- Calls are transferred to expert Crisis Resolution and Home Treatment clinicians that historically would have been diverted either to emergency GP contact or the accident and emergency department with a 999 ambulance required in many cases
- 132 calls received since commencement of pilot, 98% have not required emergency department or GP attendance and the 2% that have has related to physical health concerns
- Service users are often signposted directly into secondary mental health care following this call offering a streamlined pathway and reducing pressure on GP capacity
- Advice given to service users on medication, coping strategies, accessing appropriate non-statutory support services where, and pathways into secondary mental health care
- All of these calls would have previously accessed the emergency department or an emergency GP historically

3. SERVICE USER AND STAFF FEEDBACK REGARDING SERVICE TRANSFORMATION

'When I ring the crisis team they calm me down and help to ground me. They talk me through my coping strategies and make sure I am safe. If they weren't there in the night I am not sure I would still be alive. They have saved my life so many times. I wanted to thank them for their care and understanding'

'I wanted to thank the County Crisis Team for their recent support I could not stay safe and calm without their support. I think I would struggle a lot, thank you'

'The support workers in Newark CRT have set up a number of groups in the community (walking group, coffee morning, etc) which are generally well attended and have been helpful in engaging people and promoting social inclusion. These groups have also attracted the attention of other teams who have referred clients to the team for these groups. The Team is currently in the process of setting up some psychologically informed therapeutic groups to run alongside these. The support workers in the team have often said that they enjoy working with people in the community as they feel that they are making a real difference to service users recovery'

'Didn't want to come when first suggested but I was desperate and now I don't want to go as I have been so impressed. I think it should be renamed Haven Retreat. I like that if I want to be alone I can be or if I want to have company I can. I have found it a very therapeutic experience.'

4. CHALLENGES AND NEXT STEPS

- AMH are now focusing on ways to more effectively achieve timely discharge from inpatient care to optimise recovery outcomes for service users working in close partnership with social care colleagues to meet the challenges of finding appropriate accommodation and placements for service users
- The AMH Directorate are working with service users and carers to Incorporate the 'Triangle of Care' into all clinical areas and to ensure this is implemented as best practice
- Continued delivery of the Rehabilitation strategy, moving toward increased community rehabilitation provision
- Review of all community services and improved access to non-crisis community care
- Continued work to deliver 24/7 crisis care in all areas of the county and focus on diversion from the emergency department/ emergency care when in mental health crisis.
- Continued focus on home treatment minimising the risk of hospital admission wherever possible

MHSOP REDESIGN AND REINVESTMENT PROGRAMME

1. WARD CLOSURES

Bestwood ward closed to admissions in July 2014 and closed permanently on 4th August 2014 all staff were redeployed to temporary posts within the Directorate until the completion of the staff consultation process.

Daybrook ward closed to admissions on 15th January 2015 when Cherry ward began accepting male admissions. Daybrook ward then permanently closed 23rd February 2015. All staff were successfully redeployed to their new roles and no staff were made redundant.

Building work on Kingsley ward began on 27th October 2014 to provide the required extra 5 functional beds within the Directorate, these opened on 16th February 2015.

The new model for inpatient provision across the Directorate is now 40 functional beds and 45 organic beds.

2. REINVESTMENT INTO THE WARDS

The skill mix on all the wards has been increased to facilitate a more robust admission, treatment and discharge process. It is acknowledged that the enhanced staffing levels are required on all the remaining wards due to admission of most complex patients and intensity of need. Extra registered staff have also been included to cover multidisciplinary team working (MDT) rounds and Electroconvulsive therapy (ECT)

Psychology input has been increased across inpatient services.

Increased psychiatry sessions have been provided to the remaining wards from the inpatient psychiatry establishment. This has supported both increased clinical complexity and reduced length of stay. The frequency of patient reviews has increased to accommodate increased clinical need.

3. REINVESTMENT TO COMMUNITY SERVICES FROM WARD CLOSURES

- Enhancing community services over 7 days a week to provide intervention from state registered staff at a weekend for both organic and functional patients who have increased risks
- Enhancing dementia outreach services to manage patients within the care homes to reduce organic admission to the wards
- In Rushcliffe, there has been an increase in Care Support Workers (CSW) hours and state registered staff within Intensive Recovery Intervention Service (IRIS), to allow seven day a week cover of state registered staff covering an early and late shift.
- In Nottingham West, an increase in Care Support Workers (CSW) hours and state registered staff in Intensive Recovery Intervention Service (IRIS) as well as Occupational Therapy and support worker hours in Dementia Outreach.
- Investment has enabled MHSOP to establish the City Mental Health Intensive Recovery team (MHIR) operating a flexible 7 days a week, between 7.00 am to 10.00 pm to meet client need.

4. MONITORING OF THE IMPACT OF THE MHSOP REDESIGN PROGRAMME

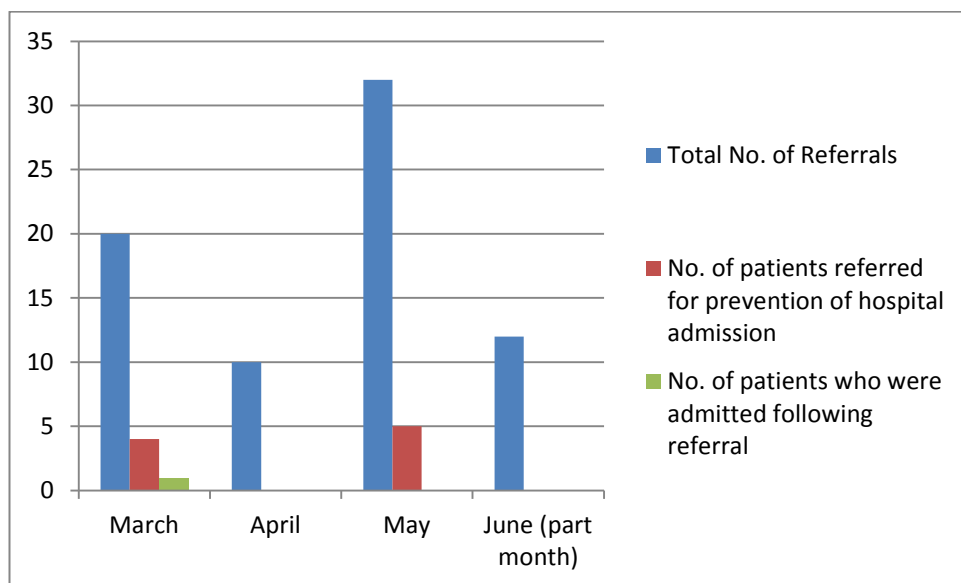
Patients have increased engagement in their own care; having more community services allows the patients to return home in a timelier manner with the support they require helping to maintain their recovery.

Since the closure of Daybrook and Bestwood wards the Directorate have had sufficient bed capacity and there have been no out of area placements.

The patient's length of stay has not increased with an average of 40.5 days for functional patients and 33.6 days for organic.

The increase of staffing and skill mix both on the wards and in the community has had a positive impact on both patients and carers; there has been a reduction in complaints and an increase in compliments received by all teams and especially Intensive Recovery Intervention Service (IRIS).

The table below describes the referrals and prevented admissions to the wards.



5. CHALLENGES AND NEXT STEPS

One of the big challenges for MHSOP is the recruitment of allied health professionals, through the workforce planning group the Directorate lead is looking at a more creative way of advertising the posts e.g. social media and recruitment days.

At times there is a slow transition into social care both from community and inpatient settings which can then lead to delayed transfers of care.

Having dedicated social workers within all the Intensive Recovery Intervention Service (IRIS) teams would be beneficial and help speed up the transition.

Having delayed transfers of care within the Intensive Recovery Intervention Service (IRIS) teams has an impact on the capacity and contacts that the teams are able to undertake.

6. CONCLUSION

AMH have achieved wide ranging service transformation during 2014/15 improving community crisis and rehabilitative care for service users and carers which has allowed a

reduction in inpatient beds in both Acute and Rehabilitative care. The Directorate continues to focus on the delivery of recovery focused service user centered care in all environments and evaluation and clinical development is a continued focus moving forward into 2015/16 and beyond.

MHSOP have achieved good patient outcomes from changes made to services, which have allowed more people to remain at home.

The Committee is asked to note the good progress made within services during the last 6-12 months.