



An Overview of changes made to Mental Health Services last year

Amanda Kemp – Deputy Director



AMH Service Transformation Achievements

- Development of Enhanced Crisis Resolution and Home Treatment Teams serving Nottingham City and County South in October 2014 allowing the closure of 42 acute inpatient beds at QMC
- Development of Community Rehabilitation Team for the Newark and Sherwood population in September 2015 allowing the Closure of 24 Rehabilitation beds at Enright Close
- Development of Haven House, a 6 bedded Crisis house serving the city and county south of Nottinghamshire
- Development of a pilot project for 111 mental health calls to be transferred to a mental health professional minimising the risk of unnecessary attendance at Emergency departments



Monitoring of Impact

- Monthly meetings with commissioners regarding enhanced crisis resolution and home treatment team. Set performance measures relating to reactivity of the service, service user outcomes, concerns and complaints, and any use of out of area or private beds as a consequence of acute bed reduction
- Monthly project meetings regarding delivery of rehabilitation strategy with particular focus on care delivery of community rehabilitation service and impact of rehabilitation bed reduction
- Monitoring of performance of Crisis 111 service monitoring service user satisfaction and decreased, Emergency Department attendances following contact with the service



Monitoring Continued

- Service user and carer feedback on new services
- Staff feedback on transformation process
- Supporting a review of care for people in mental health crisis to be led by Health Watch
- Full review of the clinical impact of transformation to be completed by the adult mental health directorate involving service users, carers, staff and partner agencies
- Joint meetings with key partner agencies, including the police and social care to monitor impact of changes on working partnerships



Positives

- Significant increase in service users successfully supported in a community setting and no longer requiring a period of Acute admission or inpatient rehabilitation admission
- Service users who have spent many years in inpatient care living independently for the first time in many years
- Service transformation has allowed rehabilitation and crisis care to be delivered to a larger number of people than ever before
- Truly 24/7 service provision for the first time
- Fidelity to the key aspirations of the Crisis care Concordat
- Significant success in diverting those in contact with the 111 service away from attendances at Emergency departments



Challenges and Next steps

- Focus on delayed transfers of care and ensuring timely and appropriate discharge from hospital including robust bed management
- Continuing to develop and enhance support structures for carers within our clinical services
- Focus on non-crisis community provision ensuring improved responsiveness for all
- Continuing to work in partnership to deliver the aspirations of the Crisis care concordat
- Work with service users to continue to move away from inappropriate use of Emergency departments



MHSOP Service Transformation Achievements

- Development of City Mental Health Intensive Recovery Service
- Closure of Daybrook and Bestwood Wards
- Additional staffing into Kingsley and Cherry Wards
- All staff redeployed



Monitoring of Impact

- Increased patient engagement in their own care
- There has not been an increase in suicides or serious untoward incidents
- The directorate has had adequate inpatient bed capacity since the ward closures
- No out of area placements
- There has been a reduction in complaints from patients and carers
- Very positive feed back and compliments from patients/carers about the new community services
- Increased staffing and skill mix on wards and in community teams
- Offers patients more choice about their care
- Length of stay has not increased since reduction in inpatient beds



Challenges and Next Steps

- Difficulty in recruitment of extra Allied Health Professional staff both to inpatient and community teams
- Delayed transition into social care from community teams, delays discharge from the teams
- Capacity reduced within the Intensive Recovery Intervention Service and Mental Health Intensive Recovery teams if delayed discharges are experienced
- No dedicated social worker for City Mental Health Intensive Recovery team