

## NOTTINGHAMSHIRE HEALTHCARE NHS TRUST

### DETAILED UPDATE ON THE PROGRESSION OF SERVICE REDESIGN PROJECTS WITHIN ADULT MENTAL HEALTH DIRECTORATE IN 2015/16 FOR THE DECEMBER 2015 JOINT HEALTH SCRUTINY COMMITTEE

#### 1. INTRODUCTION

This paper provides a detailed update of the progression of the Adult Mental Health Directorates (AMH) service redesign and improvement initiatives within Adult Mental Health services during 2015-2016, alongside a review of the outcomes and impact of previous service transformation initiatives implemented in 2014-2015.

It is intended to provide the Joint Health Scrutiny Committee with a detailed overview of progression with regard to the Community Service Review, the implementation of changes to AMH rehabilitative care with a move from inpatient to community based provision, and the impact and outcomes of the reduction in inpatient acute beds and development of the Enhanced Crisis Resolution and Home Treatment Team (eCRHT).

There are three service transformation schemes discussed in this paper, one relating to the delivery of non-crisis community mental health services for adults across the City and County of Nottingham, the second with regard to the progression of the Adult Mental Health Directorates rehabilitation strategy focusing on increased community provision and decrease of in-patient rehabilitation services, and the reduction in acute inpatient beds and enhancement of Mental Health Crisis Services.

#### 2. COMMUNITY SERVICE REVIEW

The Adult Mental Health Directorate has conducted a wide ranging review of the delivery of non-crisis community services. Engagement activity has been undertaken to elicit views from a diverse range of stakeholders including, staff groups, service users, carers, GP's, commissioners and partner agencies. Existing feedback processes such as the Service User and Carer Experience (SUCE) questionnaire, complaints, compliments, incident investigation and Patient Opinion have been utilised alongside planned events such as staff focus groups and feedback sessions with partner agencies. The improvement themes from this feedback were that current service structures were:

- Over complicated and confusing for refers and patients
- Have too many internal barriers causing unnecessary delays to accessing care
- Not able to be responsive and reactive to need, including individual needs
- Not involving service users and carers enough
- Not focusing enough on community/locality needs and relationships
- Repetitive with multiple assessments

The Directorate has incorporated this feedback into the community services review which aspires to improve responsiveness and reactivity of all services, improving navigation and understanding of our services for service users, carers and professionals, and assuring that

services can be accessed in a timely way when required. Taking this feedback into account and recent data analysis undertaken within the Directorate to include caseload sizes, cluster groups, medical provision and staffing numbers, the Directorate, with agreement from the Local Services Senior Management Team has taken the decision for a locality based community model as the preferred model for community service delivery across the City and County of Nottinghamshire. This model allows the specialist skills and knowledge of the current teams to be retained and developed whilst delivering within a locality based model. The intended model is outlined within the appendix (appendix A) and will aim to provide the following benefits to service provision:

- A pathway model of mental health care that is simple to access, understand and navigate for service users and carers
- Focussed on timely early intervention
- Responsive and reactive services to meet peoples needs
- Involvement of service users and carers within decision making
- Clear and coherent to navigate for GP's and other referrers
- Delivers a strong MDT approach
- Able to work closely and effectively with other Trust Directorates and divisions and partner agencies to meet all care needs in an integrated way
- Ensures a highly skilled workforce can use their skills effectively in the provision of evidence based interventions to meet the needs of service users
- Productive and efficient, making best use of all available resources
- Is able to be accurately measured on the quality of the service provided
- Achieves longevity with the basis to grow and develop over time without a need to substantially alter the key tenets of the model.

An implementation plan has been put together which outlines the steps needed over the coming months to be able to operationalise these changes, planning work has already commenced and with agreement from Commissioners operationally the changes will begin to take place on the 1<sup>st</sup> April 2016. An overview of the plan is as follows:

1. Communication to staff teams in December
2. Data to be compiled in relation to staffing numbers, medical input, GP demographics, caseload sizes and cluster numbers for each locality which will allow for the development of a detailed implementation plan for each locality
3. Implementation of agreed model including staff organisational change process, redeployment, team relocation and updating of operational policies and procedures as required
4. Audit and evaluation tool to be developed to measure service user satisfaction and outcomes
5. Agreed medical staffing models for community services. Review of consultant caseloads & activity including a review of all patients on either 6 month or 12 month only appointments
6. Continued development of nurse led clinics delivering time limited interventions
7. Review and measurement of current processes used within community teams to identify any opportunities for increased productivity and efficiency incorporating the use of new technology, utilising the Productive Community services model.
8. A team development and workforce plan will support this change process and identify supports and training needed to deliver the new models.

This work will be overseen by the AMH Task & Finish Group.

### 3. CONTINUED IMPLEMENTATION OF THE ADULT MENTAL HEALTH REHABILITATION STRATEGY

In the detailed paper presented to Joint Health scrutiny Committee on the 16<sup>th</sup> June 2015 the Adult Mental Health Directorate provided a detailed outline of proposals relating to:

- The expansion of the community rehabilitation team serving the City and South County of Nottinghamshire
- The development of a community rehabilitation service for the population of Mansfield and Ashfield
- The closure of Heather Close inpatient rehabilitation unit in Mansfield
- The closure of Broomhill House Inpatient Rehabilitation Unit in Gedling

Following this a formal consultation and engagement process began on the 22<sup>nd</sup> June 2015 which included three public engagement events in Mansfield, Netherfield and Gedling and two meetings for current service users and their families at Broomhill House and Heather Close. Staff were also extensively consulted via a number of routes. This provided an opportunity for the proposals to be presented, discussed and for people's views to be heard and incorporated into the service development plans. The Trust also took further steps to engage people whose opinions are sometimes seldom heard during engagement processes, information relating to our proposals was sent to a number of local faith groups, cultural communities, and special interest groups, along with details of the planned engagement events and offers to meet with interested groups directly should that be preferable. An extensive mailing list was also put together where information was disseminated to relevant stakeholders, including CCG's, City and County Councils, Police, Healthwatch, voluntary and charitable organizations and the Trust's Involvement Centre's. The themes from the analysis of this consultation are:

- There was strong support for the development of a community rehabilitation team in the Mansfield area
- There was good evidence that rehabilitation in the community had good patient outcomes
- The proposal to support patients to recover in their own environment with their family is welcomed.
- The bed closures will increase pressure on acute beds which cannot be met
- It will put more pressure upon families and carers
- It will lead to relapse and increased pressure upon crisis/emergency services who are already overstretched
- Community services are inadequate and cannot provide the level of care needed by this patient group – not a like for like service
- Not enough money is being reinvested back into the community to be able to cope with the demand
- The outreach service was really valued

Alongside this feedback there was a large amount of praise for the current services at Heather Close and Broomhill House, in-particular Broomhill House prompted the majority of the public opposition resulting in a petition entitled 'keep Broomhill open' being signed by 2,172 people.

The Directorate team analysed these concerns and made changes to their proposals as follows:

1. Revision of the workforce profile of the CRT in Mansfield and Ashfield
2. Increase in the proposed staffing into the City and County South CRT
3. Review of how CRT will support the outreach clients at Broomhill House
4. Review of our key performance indicators in relation to the closure of 42 acute beds last year
5. Review of readmission data from rehabilitation units
6. Further meetings with key partners to address concerns
7. Dedicated expert clinical oversight of care pathway development

In addition to this the Directorate also took into account information available from already established rehabilitation teams which showed that we have been able to offer expert rehabilitative care to a much wider group of service users than ever before. The three established teams serving the City, County South, Bassetlaw and Newark and Sherwood areas have a current combined caseload of 260 clients. This is in comparison to the 71 inpatient rehabilitation beds we would have offered in the traditional rehabilitation model, offering an almost 73% increase in the capacity of the specialist rehabilitation service.

The development of the Community Rehabilitation Teams has allowed us to make the most efficient and clinically effective use of this specialist resource leading to fewer service users requiring a stay in an inpatient rehabilitation setting to meet their rehabilitation needs, and often needing a decreased length of stay should a period of inpatient care be required. This has been evidenced by the effective management of previous reductions in rehabilitation beds allowing the Directorate to have ample capacity to meet the needs of those that require inpatient rehabilitation. On reviewing the current inpatient population at Broomhill House, Heather Close, and 145/106 Thorneywood Mount it was recognised that many service users were ready for discharge from these settings to other appropriate care settings to meet their future needs. It was also noted there was no current waiting list for inpatient rehabilitation beds, highlighting the excellent work being done by the community rehabilitation teams in conjunction with partner agencies to support service users in community settings. The ongoing provision of 18 open rehabilitation beds at 145 Thorneywood Mount will continue to provide an appropriate number of inpatient rehabilitation beds to meet the needs of the service user population.

The proposals were presented at the Trust Board on the 29<sup>th</sup> September 2015 and the agreement to proceed with the proposals was extensively communicated with all stakeholders. Following this an implementation plan was operationalised and the Adult Mental Health Directorate has achieved all of these proposals with the closure of Broomhill and Heather Close on the 31<sup>st</sup> October 2015.

The on-going impact of these changes will be monitored via regular audits at 6 months to evaluate any changes and outcomes.

#### 4. A REVIEW OF AMH SERVICE TRANSFORMATION 2014/15

This section provides a review of the progression and impact of acute service transformation within the Adult Mental Health (AMH) Directorate in 2014/15. It will give feedback on service transformation undertaken across the city and county of Nottinghamshire in relation to closure of acute inpatient beds at QMC site and development of Enhanced Crisis Resolution and Home Treatment Team (eCRHT) and a crisis house.

##### **The impact of eCRHT on acute mental health care and patient experience**

The Enhanced Crisis Resolution and Home Treatment Team has been providing a 24 hour a day, seven day a week service to those in mental health crisis since September 2014 offering a true multi-disciplinary alternative to both admission to hospital and attendance at an emergency department for those experiencing a mental health crisis. This enhanced community provision has effectively supported people in crisis reducing the need for admission. By increasing the availability of consultant psychiatrists to include evenings and weekends and employing nurse prescribers the team have been able to respond to people's needs more effectively, thus preventing the need for admission to hospital. The introduction of support staff to the team has enabled a more intensive support package to be put in place, increasing the availability and responsiveness of the team.

In order to meet the needs of families and carers staff have been trained in behavioural family therapy. Staff have also received training in distress tolerance and mindfulness to improve care and treatment of people with personality disorder.

##### **Service user outcomes and experience**

Review of patient feedback from various sources such as patient opinion and the trusts SUCE (service user and care satisfaction) audits, complaints and compliments from PALS indicates an improved satisfaction from patients and carers. There has also been a reduction in serious incidents across the services following the enhanced provision.

Readmission rates to inpatient mental health beds have reduced and length of stay has reduced throughout 2015 due to improved discharge facilitation. Improved systems and processes and better partnership working have also resulted in a reduction in delayed transfers of care.

Since the opening of Haven House, a six bedded crisis house, in January 2015, 180 guests have been supported, many of whom would have required admission to hospital if Haven House wasn't available. Following review of occupancy and guest satisfaction the maximum length of stay was extended from 5 days to 7 days to further enhance recovery opportunities. Feedback from this alternative provision has been very positive and following re tender process, Haven House will be delivered by Turning Point from January 2016. Turning Point has national recognition for delivering quality crisis house services which will further enhance this provision.

##### **Performance indicators and future service monitoring**

Since the 01/09/2014 The Enhanced Crisis Resolution and Home Treatment Teams serving City and County south have been able to support 2,9772 service users in crisis. Admission rates for those services users referred to the teams by our GP colleagues have been less than 5% when reviewed month on month. Following review of referrals and client feedback

and consultation with commissioners a new protocol for response times has been agreed. This enables the team to respond in 4 hours or 24hours depending on client presentation and risk factors, increasing flexibility and responsiveness of the team. The new community model will provide GP's and services users to have a single point of access that is available in localities. This will enable referrers and services users to have contact with medical and nursing staff at the point of need to identify the most appropriate care pathway in to services.

### **Mental Health 111 pilot review**

The NHS 111 Mental Health pilot commenced in February 2015 following a successful proposal submitted by Nottingham City CCG to NHS England. The pilot is for 12 months funded by NHS England and has recently been evaluated by Newcastle University on their behalf ( receipt of the evaluation is pending) .

Crisis Resolution and Home Treatment Team Mansfield and Ashfield deliver the service 24 hours a day and take all calls from Nottinghamshire county postcodes, excluding Bassetlaw, that are assessed by a NHS 111 call handler as requiring attendance at an 'emergency treatment centre within 1 hour' or contact with a 'Primary care service within 1 hour' due to a mental health presentation. Approximately 80% of these calls are 'Warm Transfers' (The caller remains on the line during the transfer from NHS 111 to Crisis Resolution and Home Treatment Team) so triage is immediate. Callers ranged in age from 17-83 years and to date there have been in excess of 265 calls. Following triage of the calls by Crisis Resolution and Home Treatment Team the outcomes include offering support and advice, and needs based referral. Referrals include a) local area Crisis teams for further assessment reducing the requirement to attend GP for Crisis Resolution and Home Treatment Team referral and improving accessible care 24 hours a day b) MHSOP IRIS teams c) GP for further medical intervention. A proportion of calls were received from family members/carers seeking support and guidance.

The triage and NHS 111 service has proved successful in reducing the attendance to ED by 90%. 80% of these calls were warm transfers (those that remained on the phone during the transfer from NHS 111 to Crisis Resolution and Home Treatment Team) with an immediate triage. 60% of the calls received reached "attend emergency treatment center within 1 hour". Following triage of these calls by Crisis Resolution and Home Treatment Team circa 10% were advised to attend ED. Police were called for a further 10 referrals due to disclosure of imminent risk to either caller subject or public. This evidences excellent outcomes for patients and their families with an immediate response for support and triage of appropriate care at the time of need.

### **The impact of bed reduction on bed availability over the past six months and the AMH Directorates strategy for improving accessibility to local beds for those requiring admission**

There has been an increased demand for acute beds recently, which mirrored the national picture. This has caused concern across the local health and social care community and has been reported through meetings with Commissioners and local Safeguarding Boards.

To ensure sufficient bed availability at times of increased demand private beds have been sourced, primarily within the local area but when not available out of area beds have been used. Bed availability and private bed usage is closely monitored by the Trust and commissioners. A bed management protocol has been developed and shared with

commissioners and partner organisations to ensure a robust and efficient process to bed management. To further enhance the bed management process the trust is developing a bed management team which will provide improved management and co-ordination of all acute beds across Nottinghamshire. This team will be responsible for the prioritisation, review and allocation of acute beds across Nottinghamshire. It will also support discharge facilitation and the reduction of delayed transfers of care.

To improve reporting, monitoring and response to this increased demand a daily demand management meeting has been developed. This has enabled improved escalation and bed management processes.

The Trust is carrying out a detailed review of acute admissions to understand the fluctuating demand and seasonal variations. Consideration is being given to the development of step down beds, which would reduce the length of stay on acute admissions wards, better meet people's recovery needs and increase acute bed availability.

#### **Personality disorder pathway review**

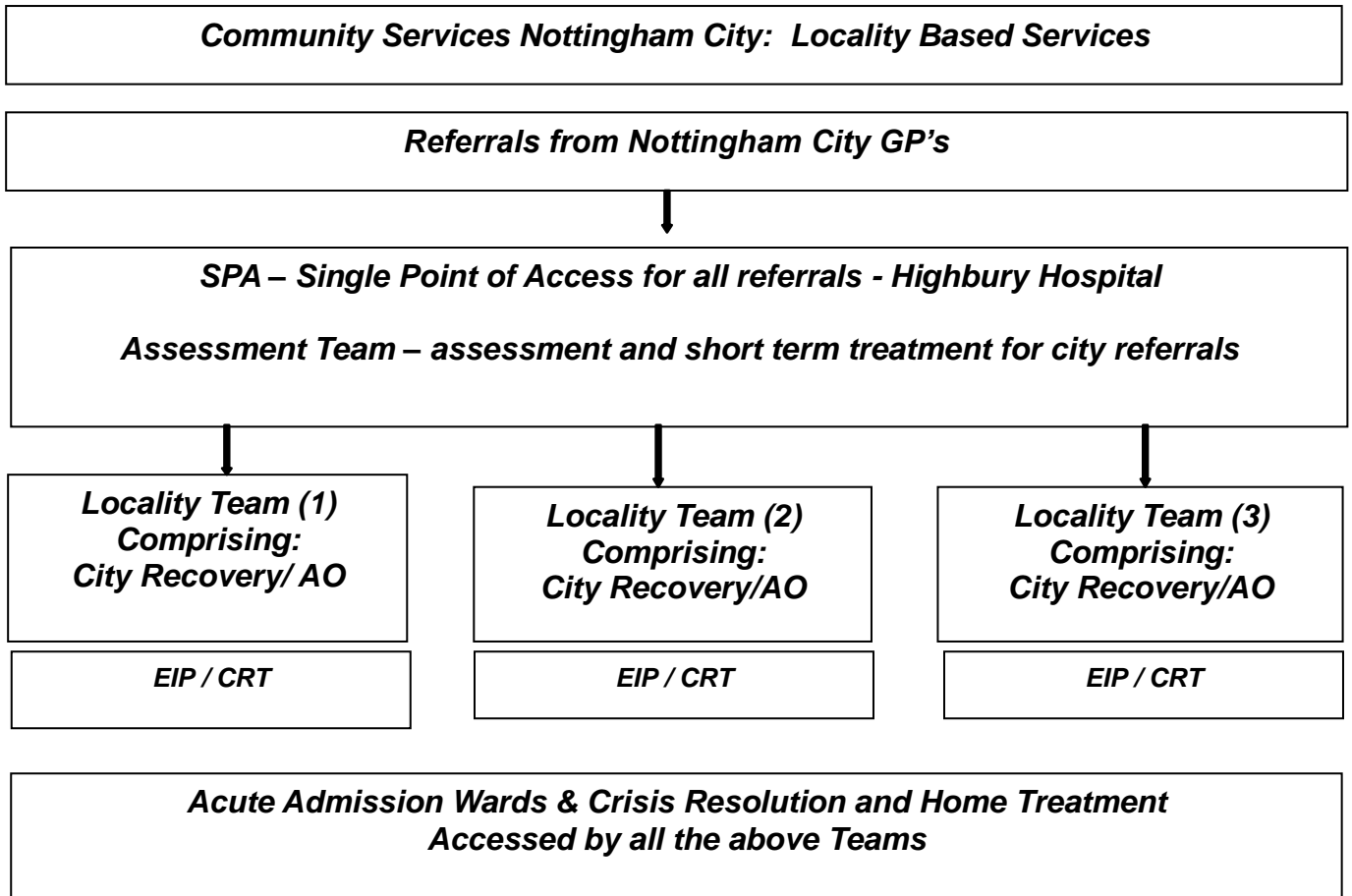
Research evidences that admission to hospital for people diagnosed with personality disorder is often counter productive for maximising wellbeing and recovery. A review of patients admitted under cluster 8 is being carried out to explore if enhanced community provision could reduce admissions and length of stay of this client population.

## **5. CONCLUSION**

Nottinghamshire Healthcare NHS Foundation Trust asks that the committee note the above update and will provide further detail regarding progression on each in due course.

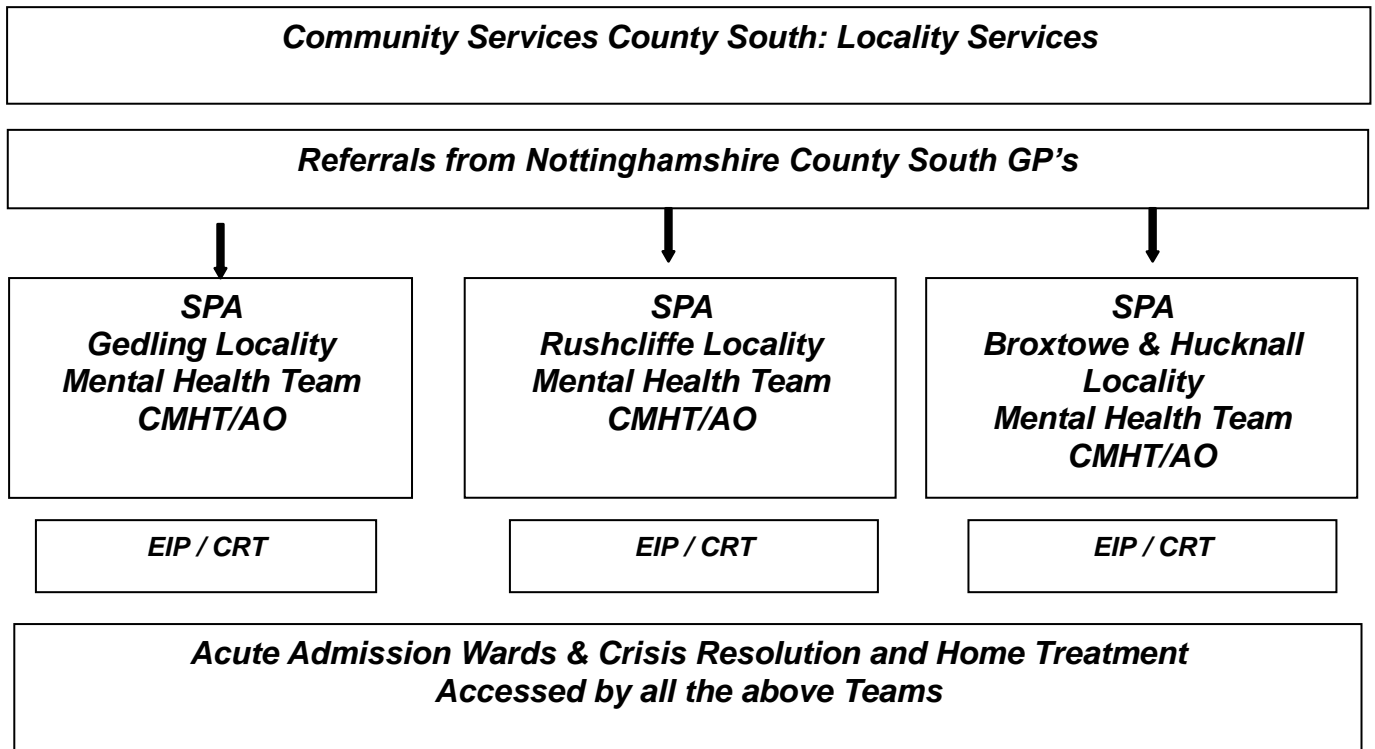
**Appendix A - Proposed New Locality Community Services**

**1. City Community Services**





**2. County South Community Services**



**3. County North Community Services**

