LOCAL SERVICES DIVISIONADULT MENTAL HEALTH DIRECTORATE

REVIEW OF ADULT MENTAL HEALTH SERVICE TRANSFORMATION

1 EXECUTIVE SUMMARY

This paper provides a review of the progression and impact of service transformation within the Adult Mental Health (AMH) Directorate in 2015/16. The paper will give feedback on service transformation undertaken across the city and county of Nottinghamshire and offer updates on new service improvements in development to support the ongoing success of the transformation.

2 INTRODUCTION

The Adult Mental Health Directorate has undergone a period of significant transition over recent years which has aspired to refocus care to a community setting wherever possible, allowing people who would have been historically cared for in a hospital environment to receive care in their own homes. This transformation has allowed the Directorate to achieve a corresponding reduction in inpatient beds in both the acute and rehabilitation setting.

Acute Inpatient Services has achieved a reduction of 25% in available beds during 2014/2015 and Rehabilitation Inpatient Services has achieved a reduction of 62.5% in available beds.

Preliminary impact assessment has shown:

1 A total of 42 AMH acute beds were closed.

- 6 beds reduced through reduction in bed days lost to DTOC.
- 32 beds reduced through reduction in LoS.
- 5 beds reduced through reduction in emergency readmissions.

2 DTOC has reduced in terms of delayed bed days per available bed days (based on 85% occupancy as clinically agreed safe occupancy model for acute wards).

3 Length of Stay has reduced

4 Private bed use is continued despite the above evidencing that 43 beds could have been closed. This doesn't factor in the evidential increases in population and demand

for secondary care services which has shown to be ***six times greater*** than the rate of population growth.

5 Demand for AMH services as a whole ***is*** increasing and this is evidential beyond population growth estimates.

6 The transformation programme reinvested in ECRHT services, yet these services have seen an increase in demand beyond levels of re-investment.

3 SERVICE DEVELOPMENTS TO SUPPORT TRANSFORMATION

3.1 BED MANAGEMENT TEAM

The Local services division has funded the development of a 24 hour a day and 7 day per week bed management team which will be centrally based at Millbrook but will be visible on all inpatient sites. This service will provide:

- One single point of bed management for all admissions 24 hours a day and 7 days a week.
- In reach to all inpatient wards every day to support and facilitate leave and discharge arrangements.
- Support with identification, recording and escalation of DTOC's.
- Support the implementation and monitoring of the 50 day LoS Peer Case Review, ensuring that all service users experiencing an inpatient length of stay of longer than 50 days are subject to a clinical second opinion.
- Support the repatriation of service users from private provision to local beds.
- A dedicated post to support service users with housing and benefits advice to ensure timely discharge can occur

The new team Manager, service Manager and operational Manager will work to support the development of:

- Consistent guidelines for the use of leave and facilitation of discharge.
- The development of information for service users with regard to the purpose of acute admission and the expectations they can have of the inpatient team.
- Safe delegation of responsibility for decisions with regard to admission stay and discharge.
- Implementation of the new electronic bed and patient management systems which is being jointly developed by AMH and applied informatics.

3.2 BED MANAGEMENT PROTOCOL

- The purpose of this protocol is to provide a clear framework for staff when dealing with bed management issues across inpatient wards.
- This protocol has been developed to ensure the optimal use and effective management of all of the Directorates inpatient acute beds, in order that service users receive prompt, effective and appropriate inpatient treatment. This protocol provides guidance to staff and service users regarding the procedures and practices relating to arranging inpatient admissions, and the responsibility of the Adult mental health Directorate with regard to the same. The protocol offers clear direction especially with regard to situations where there is a shortage of available acute beds within local services.

  The policy incorporates procedures to support:

  - Location and authorisation of private provision in the absence of local beds.
  - Management of beds across the division in cases of emergency and governance guidelines for the same.
  - Management and escalation processes relating to patients requiring admission from the emergency department.
  - Guidance on Use of PICU (psychiatric intensive care unit) beds.
  - Guidance on Use of Health Based Place of Safety beds.

3.3 USE OF PRIVATE BEDS AND GOVERNANCE OF THE SAME

During 2015/2016, 94% of all admissions were facilitated in local trust beds. While only a small number of admissions were to private or out of area providers AMH recognise the significant impact an out of area admission can have on services users and carers and are engaging in a number of strategy's to minimise and mange this impact, as out lined below.

Guidance for staff has been developed with regard to monitoring and assurance relating to service users admitted to private providers as follows:

- Repatriation of service users to local AMH beds is a daily priority for the bed management team and decisions relating on prioritization of patients should be based on:

  - Length of stay in private provision
  - Complexity of needs and care package required
  - Distance from home and carers/loved ones
  - Concerns or complaints raised by service users/carers

- Contact should be maintained with both the service user and agreed/involved carer throughout the admission at a frequency no less than weekly by the involved clinician or a designated representative. This contact should discuss:

    - Progress
    - Care planning
    - Leave/discharge arrangements
    - Complaints or concerns

- Contact should be maintained with the clinical team within the inpatient area at a frequency no less than weekly by the involved clinician or a designated representative, the purpose of this contact should be.
    - To develop an appropriate care plan and identify purpose for admission and goals for recovery and to allow discharge.
    - To share information relevant to clinical presentation including details relating to risk, presentation, safeguarding and vulnerability.
    - To assure that admission remains relevant, appropriate and proportionate to meet the needs of the service user.
    - Any concerns regarding care provision decisions regarding admission stay or discharge or repatriation must be raised and escalated appropriately.

The Bed Management Team Leader has gathered information from all private providers on

- Ligature safety of their inpatient environments.
- Admission and referral criteria and any exclusion to the same.
- Gender split and mixed and single sex bed numbers.
- Willingness to accept transgender service users or any other exclusion criteria relative to equality and diversity particularly disability access.
- What information they require to make a timely decision on a referral.

3.4 TRANSITIONAL SERVICE

AMH recognise that for some of our service users the step from inpatient to community care can be a big one and often because of this their length of admission can be unnecessarily protracted. I order to combat this and improve access to the right care at the right time for all of our services users, AMH have, in conjunction with Turning point agreed to develop a transitional service offering a short term step between in patient acute care and discharge. This service will provide a recovery orientated step down pathway from

acute care in Nottinghamshire and the care provision will be led by Turning point with support from Nottinghamshire healthcare staff. The service will provide 24 hour care and support, and will provide a solution focused, person centred approach, enabling choice, control and hope for the individuals coming to the service. Staff will have a positive view of each person's potential to achieve independence and will provide 'just enough support', working with each individual to do as much for themselves as possible to build their skills and confidence to allow a successful return to community living.

3.5 DAILY DEMAND MEETING

This meeting has now been embedded as routine practice in the Directorate. The teleconference meeting takes place each morning at 9.30 – 10.00am, chaired by the AMH Operational Managers, the meeting covers staffing, bed management, serious incidents, , and any other urgent issues to address. Actions are identified and followed up through the day. Actions are then checked the next day to assure action and outcomes have taken place. This meeting has improved communication, escalation and scrutiny of any issues within the directorate in a timely way

3.6 . DAILY CONSULTANT REVIEWS

Daily reviews with medical representation take place on all acute wards with more formal MDT's taking place weekly. With the support of the newly developed bed management team acute managers will be:

- Auditing the robustness of these processes.
- Assessing the utilisation and impact of the red, amber, green rating system Implemented on acute wards.
- Implementing the system of 50 day peer case review as described above.
- Supporting the implementation of the electronic bed management and patient information systems.
- Supporting the development of guidance for delegated responsibility relating to admission stay and discharge

4 ONGOING REVIEW AND EVALUATION

The Division continues to monitor and manage a range of Key performance indicators in relation to the closure of inpatient beds.

The AMH Directorate is undertaking a project within the Theory of Constraints methodology to improve inpatient flow throughout the Directorate. There has been good engagement with the wards and consultant medical staff in the inception and roll out of this project. Terms of reference have been agreed and the Directorate is working with an organisation called QFI in the delivery of this project.

Some of the expected outcomes of this work include:

- To identify a lean process for admission through to discharge
- To identify at the start of admission the discharge date
- The process will have tasks identified throughout the patient's admission what is required to meet the discharge date or before. This will ensure that any delays will be managed daily to prevent DTOC.
- To reduce occupied bed day
- To reduce length of stay
- To improve patient experience
- To improve staff experience
- To prevent AHMP's sitting with patient's for long periods waiting for abed to be identified
- To reduce out of area beds
- To reduce financial impact on the Directorate
- To achieve 85% occupancy
- To improve safety for patient's
- To reduce the stress and pressure for on call managers and bed managers leading to long hours of work
- To reduce the ED delays

A more comprehensive evaluation of AMH ward closures has been commissioned from the School of Social Sciences at Nottingham Trent University. This will be led by Dr Di Bailey, Professor of Mental Health with draft terms of reference being a review of local and national data and what this tells us about the AMH transformation and a qualitative understanding of the patient and staff experience of the service re-designs. Commissioner colleagues have been invited to a meeting with AMH leads and NTU on 01/06/16 to contribute to and agree the terms of reference.

5 CONCLUSION

AMH have successfully achieved wide ranging service transformation and the directorate continues to focus on the delivery of recovery focused service user centered care and continues to develop services to support the continued success of the transformations already achieved. The directorate will closely monitor and evaluate the impact of service

transformation ensuring the maintenance of excellent clinical quality and striving as always to ensure excellent service user experience in all of our care environments

Adult Mental Health Directorate June 2016.