

ADULT MENTAL HEALTH SERVICE TRANSFORMATION PROGRAMME

JOSC 15 July 2014



Local Services Transformation Programme 2014-2017

- Significant annual savings required of £4.3m for the next 2 years alone
- Major service redesign programmes planned with the focus on reducing inpatient beds and improving community based provision.
- This means new ways of working, doing things differently and being more efficient.
- Preventative & proactive approach to care.



Adult Mental Health 2014/2015

- Improve community services provision through the redesign programme taking place in the Directorate:
 - Emphasis on an MDT approach with wider use of disciplines
 - Pathways based services
 - Changes in use of nurses and Consultants
 - Efficiency work
- Reduction in 42 acute beds (staged 20 then a further 22 by early 2015) at QMC site
- Further reduction of inpatient residential rehab: closure of Enright Close Newark (24 beds)



Current Adult Inpatient Beds: Nottinghamshire

➤ Acute:

- City/ S County: 106
- Mansfield: 36
- Bassetlaw: 24

➤ PICU: 15

➤ Inpatient rehab: 90

- Benchmarking data from the 2013 Mental Health Benchmarking Network covering 56 MH providers shows Nottinghamshire has a higher than average number of acute, PICU and rehab inpatient beds compared with the SHA & national average.



Closure of QMC Wards (1)

- To facilitate ward closures it is proposed that CRHT city & county south teams are enhanced & practices changed with more of a preventative focus.
- MDT model of care with a better skill mix
- 24/7 service including ability to provide care during the night
- Increased consultant availability over 7 days
- Improvements along the acute care pathway including meeting the requirements of the new Crisis Concordat for adult mental health
- Transitional funding for up to 2 years is requested to support the community service changes as this is a whole systems approach.



Closure of QMC (2) - Staffing Model (City & South County)

Currently	Proposed
Very high proportion of CPN's in both teams	Mixture of qualified staff including CPN's & OT's
Few support staff	More support workers including PSW's
Medical cover 9 – 5 weekdays	Psychology input
Telephone response at night	Introduction of NMP's
	Medical cover 7 days a week
	Staff available 24/7 to provide assessment & intensive home support



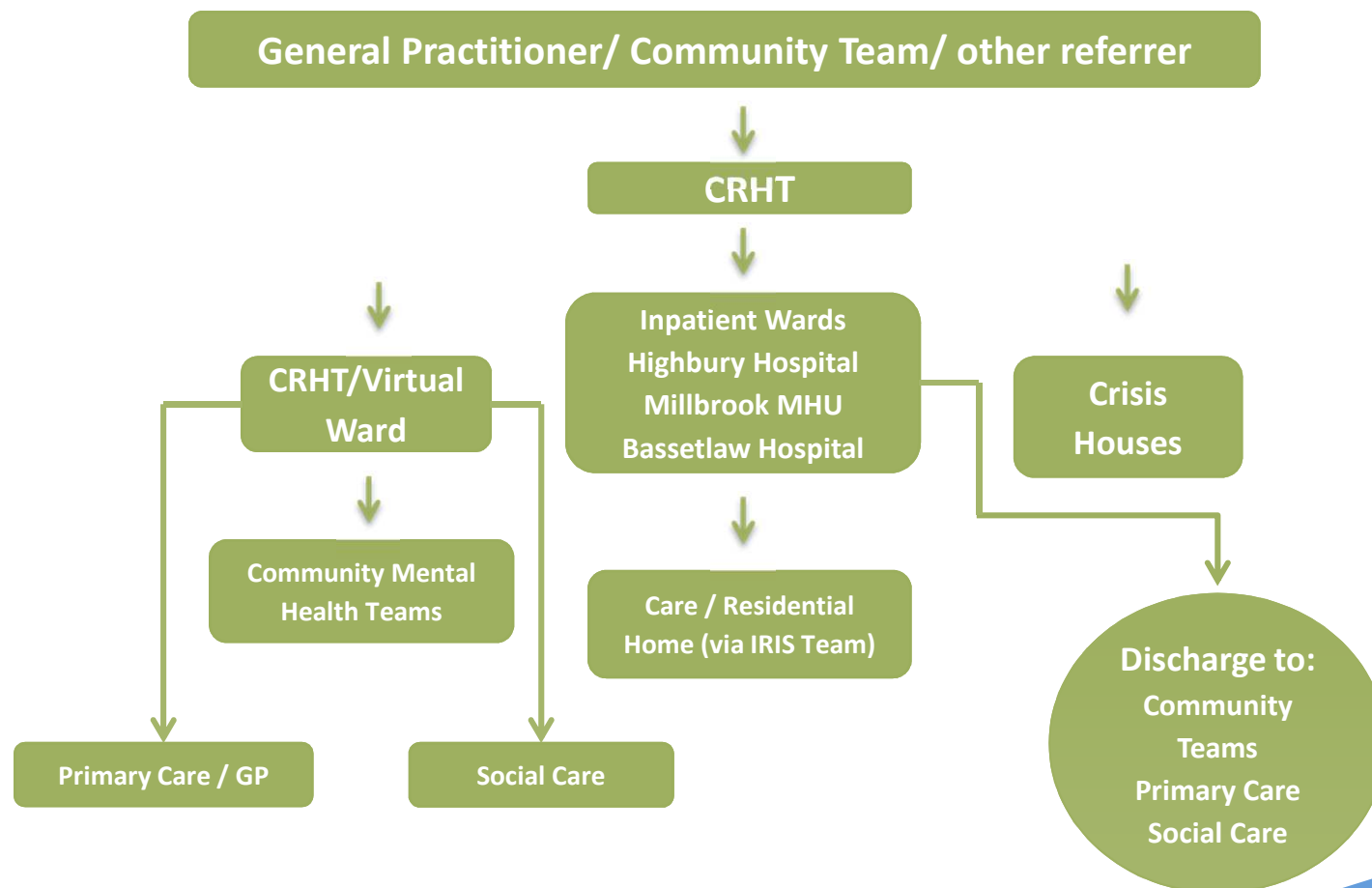
Closure of QMC Wards (3)

- Page 7 outlines the introduction of the “virtual ward” element into the enhanced CRHT ie a more preventative approach to care.
- There is more of a focus on the direct provision of family support interventions in the new model.
- The performance & quality outcome measurements to evidence whether the new service works are (in addition to those currently gathered):
 - Response rates for face to face assessments
 - Reduction in admissions to MH acute beds
 - No impact on out of area admissions/ risk share proposed around this
 - Provision of NICE based treatments at home



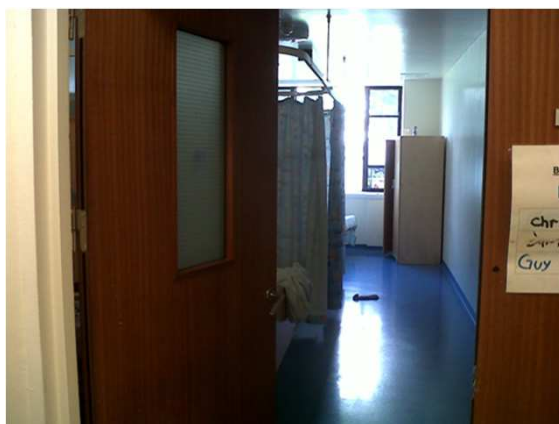
Proposed Service Change Pathway

Positive about integrated healthcare





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Wards at the QMC





Closure of Enright Close

- Following closures at MacMillan Close & Dovecote Lane it is proposed Enright follows by October 2014.
- A community rehab team (CRT) was established following the closure of MacMillan Close, in line with strategic intentions a similar proposal is being made for N&S as outlined in the paper.



Financial Context

QMC/CRHT

- Current Direct Cost: £5.2m
- Direct Cost Savings upon QMC Ward Closures: £3.0m
- Proposed Additional Direct Cost Requirements:
 1. *CRHT [enhanced]; £965,356k*
 2. *Community Team enhancement – costs to be confirmed but 500k estimated*
 3. *Provision of third sector operated crisis house- 500k estimated.*

Enright

- Current Direct Cost: £929k
- Proposed Direct Cost: £433k
- Savings: £496k



AMH Transformation Programme Implementation Timeline 2014/15

