

MENTAL HEALTH REHABILITATION PATHWAY PROGRAMME

A report to the Joint Overview and Scrutiny Committee

Overview:

The purpose of this report is to provide members of the Joint Overview and Scrutiny Committee with an overview of a review of Mental Health In-patient Rehabilitation Services that took place in 2011. The report will also cover how the organisations plan to implement the recommendations and how service users were involved in shaping the recommendations.

Introduction:

Reviewing the Utilisation of Residential Mental Health Rehabilitation Services

Across Nottinghamshire, the NHS spends approximately £150 million annually on mental health services, including £10 million on Residential Rehabilitation services.

Mental Health Residential Rehabilitation Services are defined by the Royal College of Psychiatrists as:

‘A whole system approach to recovery for mental illness that maximises an individuals quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and leads to successful community living through appropriate support’

There are six inpatient residential rehabilitation service units in the City and County of Nottinghamshire which together have 110 beds, provided by Nottinghamshire Healthcare trust.

During 2011 NHS Nottinghamshire County and NHS Nottingham City CCGs in partnership with Nottinghamshire County Council, Nottingham City Council and Nottinghamshire Healthcare Trust undertook a review of these services to determine if the right residents were in the right place, receiving the right care at the right time, delivered by the right people. The review’s aim was to identify opportunities to improve quality and productivity and was called the “Mental Health Residential Rehabilitation Utilisation Review”. It was finalised in November 2011.

Of the 95 residents, 55 (50%) were thought to be in the wrong care setting at the time of the review.

The Review and Review Results

During September 2011 the service units were visited by a multi-agency and multi-disciplinary team. The team included a General Practitioner (GP) with a clinical lead role for mental health, matrons from the service, Local Authority mental health commissioner, Mental Health NHS Clinical Advisor and the project lead, a senior manager from Public Health.

The review team interviewed a number of carers and staff. Service users took part in a comprehensive qualitative survey and all their views were captured in the review report.

The review team drew the following headline conclusions:

- 25 residents need to be reviewed by health and social care with regard to their ongoing long term care needs as if they remain in long term NHS care, the annual cost to the NHS is £2,281,250
- 41 (37%) remaining residents have reached, or will reach a two year length of stay in the next six months to two years and need transition plans in place
- There are more than 15 patients waiting to use the services currently in the acute and low secure wards, preventing other people being admitted
- 40 people have had to go out of area to receive a service due to a lack of available local services

The main conclusions of the review report are:

- a) The pathway into and out of the service needs to be redesigned
- b) The service model needs to be revisited
 - If change occurs it must be phased to meet the needs of the residents and their carers
 - Any change must ensure high quality care outside of the hospital setting and to reduce unnecessary readmission to the acute or secure services
 - The service's interpretation of 'recovery' and rehabilitation needs to be reconfirmed and residents must be encouraged to participate in active recovery of their mental health
- c) A priority is to secure appropriate accommodation
- d) Changes must be supported by a reconfigured workforce with strong community team input to ensure the continuation of the therapeutic, clinical relationship

'The review has clearly demonstrated that many patients remain stuck in long term psychiatric care and this now needs to change. The opportunity to work with providers and the local authority and third sector providers to enable intensively supported independent living is irresistible. 100% bed occupancy and the lack of flow of patients through care concerns me greatly and this dynamic clearly needs to improve.'

Dr Marcus Bicknell, GP and Clinical Lead Mental Health, Nottingham City Clinical Commissioning Group

The review report which is very detailed is 165 pages long, available on request from jaynelingard@btinternet.com

Implementing the Recommendations:

The review made a number of recommendations requiring implementation over two years. The Mental Health Rehabilitation Pathway Programme is a programme to coordinate a series of changes to deliver the recommendations of the review report. Change will be achieved through existing projects underway as well as initiating additional action. The programme will be overseen by a board and advised by a dedicated quality group as well as by a series of consultations, including this report to the joint overview and scrutiny committee.

The change programme's primary objective is to enable the discharge of people who have become 'stuck' in mental health services beyond the point at which they are progressing due to various factors and to address these factors and create processes to prevent this happening in future.

If the change programme is successful, it will deliver a series of outcomes, which will be agreed at the Programme Board on the 3rd July 2012.

Progress on the programme to date:

A programme management team has been recruited and time is being spent identifying what communication and governance structures will be needed to take the programme forward.

All stakeholders of the programme are being contacted and advised of how they can contribute and be included in and informed of planned change.

The programme board has membership from Nottinghamshire County Council, Nottingham City Council and Nottinghamshire Healthcare Trust and is co-chaired by NHS Nottinghamshire County and NHS Nottingham City Clinical Commissioning Groups. Its role is to take decisions and approve plans. The programme quality group has 12 members representing the views and perspectives of clinicians. Its role is to advise those taking forward action to create change and to contribute ideas and constructive criticism.

The first step of the programme is to assess the needs of the people who have progressed as far as they can in the services and who now need alternatives to in-patient care to which they can be discharged.

Pump-Priming the changes:

It is recognised that there may be a shift of commissioning responsibility from the NHS to the Local Authorities in order to rebalance mental health services pathways. Non-recurrent funding of £900,000 has therefore been provided to Nottinghamshire County Council and £800,000 to Nottingham City Council by their partner Clinical Commissioning Groups. The funding is to be used to enable the local authorities to make their contribution to a two-year programme of change.

This funding will be used to enable the local authorities to carry out the additional assessments and discharge planning of the people needing to leave residential rehabilitation service and pay for their care. It can also be used in the commissioning of additional capacity in social care services.

The Draft Outcomes of the Change Programme

When all of the recommended actions of the change programme are carried out, the following outcomes will be the result:

Outcome Area	Change programme outcome
PATHWAY clear overall service pathway in and out of services	1. <i>All services and service elements have a clearly understood place in a mental health, social care and self-care pathway which enables people to live the most independent life possible</i>
	2. <i>A suitable range of robust housing and social care options is available within the pathway to enable people a) to avoid unnecessary admission to inpatient services or b) to leave inpatient services as soon as possible</i>
	3. <i>Processes and responsibilities for planning the discharge of individuals from inpatient mental health services on admission and are clear and widely understood</i>
	4. <i>Shared care prescribing protocols are in place to enable people who are discharged from in-patient care, who are prescribed Clozapine (or equivalent medication) to be able to access medication, and medication support in appropriate community settings.</i>
	5. <i>Access is available to older people's specific services where this is appropriate</i>
	6. <i>Everyone's Mental Health Act status is the least restrictive possible</i>
PURPOSE clear service purpose	1. <i>Rehabilitation services are recovery focused and these principles are agreed between LAs and the NHS</i>
QUALITY The service is effective	1. <i>The service specification for in-patient and community rehabilitation is outcome-focussed and time-bound</i>
	2. <i>The service provides continuity for the user and the value of relationships is recognised</i>

Outcome Area	Change programme outcome
	3. <i>Service users who are well enough are enabled to access a full range of life opportunities</i>
QUANTITY service is the right size	1. <i>In-patient Step-down provision is readily available via effective social care commissioning</i> 2. <i>There is the right balance of NHS provided inpatient services and community support</i>
REORGANISATION changes have been made	1. <i>Changes have been made to the way rehabilitation services are run to reduce the restrictions on service users highlighted by the review</i>
	2. <i>Inpatient provision has been reconfigured following the discharge of people who were long overdue for discharge</i>
	3. <i>Efficiencies have been found which were enabled by organisational changes following the review</i>
	4. <i>NHS staff have a clear focus on supporting those with higher levels of need as part of an effective care pathway</i>
INDIVIDUAL CHANGE People using the service need the service	1. <i>People in rehabilitation inpatient care all have complex needs which cannot be treated in a community setting.</i>
	2. <i>People in rehabilitation inpatient services have recovery based care plans with clear outcomes linked to a timely discharge plan</i>
	3. <i>People who are less complex or who have completed their treatment programme are promptly discharged to an appropriate provision</i>