



Nottinghamshire Healthcare **NHS**

NHS Trust

Positive about integrated healthcare

MHSOP Proposal of Ward and Community Development

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Simon Smith Executive Director of Local Services



Bestwood ward is a 20 bed organic assessment ward and Daybrook ward is a 20 bed functional ward based at the St Francis Unit (Nottingham City Hospital)

The wards receive patients from Nottingham City, Nottingham North & East, Nottingham West and Rushcliffe CCGs

In line with national policy and local commissioning intentions, MHSOP proposes closing these wards and replacing them by expanding the community model of care supporting older people to remain within their homes



This change constitutes the third stage of implementing service transformation across MHSOP, where bed based provision is re-engineered into community focused models of care – Friary & A23 have previously been successfully re-modelled

As at 03 July 14 there were 20 patients on Daybrook ward and 7 on Bestwood ward with a total of 29 empty beds across MHSOP services



Key Reasons for the re-provision of Daybrook & Bestwood wards are:

- Independent EMPACT Bed Utilisation Review 2012 indicated 54% of organic assessment beds were being used inappropriately
- The EMPACT review also highlighted 25% of functional admissions did not require admission and could have been managed in an alternative setting. Once admitted, alternative levels of care i.e. step down provision, was often cautiously introduced (56%)
- Patients from the city disproportionately over occupy existing beds. They make up 11% of the over 65 population and account for 28% of bed days



- Supports NICE guidance for people with organic and functional mental illnesses and inpatient admission by having a stepped care approach and a focus on person centred care
- Implement recommendations for required bed numbers for Nottinghamshire's population projected for 2023/24 which equates to 44 organic and 49 functional beds based on national benchmarking data
- Based on the evidence presented there is a need for a skilled multidisciplinary workforce working in a variety of services with different intensities of care provision



- In their place NHT will extend the community model of care for the CCGs who access these wards. The priorities for the savings made for the ward closures are:
 - Wards to be efficient in assessing, formulating, treating and discharging patients to the appropriate next setting with a focus on psychological approaches to care
 - Enhancing Intensive Recovery Intervention Service teams over 7 days / week with qualified staff available at weekends for both organic and functional patients between 7am and 10pm
 - Enhancing dementia outreach services to manage patients within care homes to reduce admission to the wards
 - Expanding AMH crisis services to include older people between 10pm and 7am



Intensive Recovery Intervention Services (IRIS)

- Is a secondary mental health service delivered within community settings, usually this will be the person's home
- Is time-limited (12 weeks), person centred and according to assessed treatment needs for up to four visits per day by one or two workers
- Operates a flexible 7 days/week, between 7.00 am to 10.00 pm to meet client need
- Provides an urgent referral response within 24 hours
- Operates an open access referral process with inclusive eligibility criteria across health and social care



- Ensures effective care planning and co-ordination with seamless handover to mainstream services
- Avoids admission to, and facilitates timely discharge from, hospital (both general and specialist mental health) through active intervention and rehabilitation. This is evident from the city bed occupancy data
- Reduces the demand for acute beds, both medical and mental health
- *“All the carers that came were very pleasant, helpful and supportive. They made sure I was safely secured in my home at night.”* (Service User: Patient Opinion Re: Mansfield and Ashfield IRIS team)



Consultation/Meetings to Date

- 17.12.2013: Business Planning and Involvement Meeting
- 22.04.2014: Business Planning and Involvement Meeting
- 13.05.2014: Meetings with patients on Daybrook ward with the Involvement team
- 23.05.2014: Meeting with staff members on Bestwood ward
- 12.06.2014: Meeting with carers & relatives of patients on both wards with the Involvement team.
- Planned consultations with BME and hard to reach groups July 2014
- Staff consultation: July 2014.



Conclusion

- Unnecessary hospital admissions are not in the best interests of those with organic or functional mental illnesses nor their carers and can have a long term impact on people's abilities to recover and return home
- It is widely acknowledged that there are lower treatment costs through services such as IRIS as opposed to inpatient care. An equivalent service for city residents will be introduced
- This is a service which reports very high service user and carer satisfaction
- The MHSOP directorate is asking for your support with this proposal