

COUNCIL OF GOVERNORS – 13 OCTOBER 2016

ADULT MENTAL HEALTH SERVICE TRANSFORMATION STATUS REPORT 2016

1.0 INTRODUCTION

This paper offers a progress report on the impact, and outcomes of service development and transformation initiatives within the Adult Mental Health Directorate (AMH) as of September 2016. It will focus on the areas reported on during our last update to the Council of Governors (October 2015, see Appendix 1) including:

- Clinical strategy and strategic intentions
- Service developments
- Context
- Performance indicators and outcomes
- Future impactors, risks and challenges

2. CLINICAL STRATEGY AND SERVICE DEVELOPMENTS

The Directorate is implementing an ambitious and innovative Clinical Strategy which has focused on the development and transformation of services that offer excellent, innovative and quality care within the current challenging financial environment of an annual 4% cost improvement requirement and increasing demand for Secondary Mental Health Care Services.

In line with the Trust Strategy, the AMH Clinical Strategy is committed to a continued move to provide services in enhanced community based settings where appropriate, and to supporting the development of specialist skills and research based intervention, leading to a reduction in the need for inpatient care wherever possible whilst still offering timely and needs led inpatient care when required.

The Directorate has forged strong relationships with partner agencies and with Commissioners working in close collaboration to ensure the efficient and best use of resources to maximise mental health for the adult working age population of Nottingham and Nottinghamshire. The AMH senior team believes that this approach is the only way to meet the needs of our population in the current challenging financial climate implementing this Clinical Strategy during this year has included

- The recurrent funding of the mental health Street Triage Service in partnership with Nottinghamshire Police.
- Successful retendering of Haven House Crisis House in partnership with Turning Point.
- Community Rehabilitation Team availability across the whole of the county.
- Development and opening of Beacon Lodge, a 12 bedded Transition Unit in partnership with Turning Point.
- Development and operationalisation of the Bed Management Team.
- Initial and ongoing development of a county wide Neuro Modulation Service allowing the development of a centre of excellence for the delivery of both RTMS and ECT.

- Commencement of delivery of community service transformation following an extensive Community Service Review.
- The development and operationalisation of the Primary Care Recovery College.

AMH are currently focusing on future areas of service development which prioritise the improvement of clinical quality and care delivery including:

- The delivery of national targets relating to the care of those with a diagnosis of first Onset Psychosis.
- A move towards single gender inpatient environment.
- A full review of staffing and safe staffing requirements in inpatient areas.
- Operationalisation of the new primary mental health care service in Nottingham city
- Delivery of a comprehensive and consistent clinical pathway for the care of those with Aspergers or Adult ADHD.
- Development of Crisis Services within mid Nottinghamshire.
- Delivery of service transformation within the Bassetlaw Health Community.

However there are significant challenges:

- Demand for services, rising faster than anticipated.
- Continued use of out of area private beds for patients when we cannot provide timely and needs led patient care when required.
- Admitting patients to Trust beds which are not in their area of residence.
- No conclusion with Commissioners as to the investment required to deliver the Early Onset in Psychosis target.
- Recruitment issues for both consultant and inpatient nursing staff at a time of national shortage.
- An identified issue of low medical workforce engagement.
- Challenges in partner agencies in enabling effective and timely discharge for people from inpatient services when this is no longer appropriate.

3. DEMAND AND THE IMPACT UPON INPATIENT SERVICES

Crisis and Inpatient Services have seen an 18% increase in demand within City and County South and a 6% increase in demand for Secondary Mental Health Community Services. Referral rates into the AMH services for the past 12 months can be seen below.

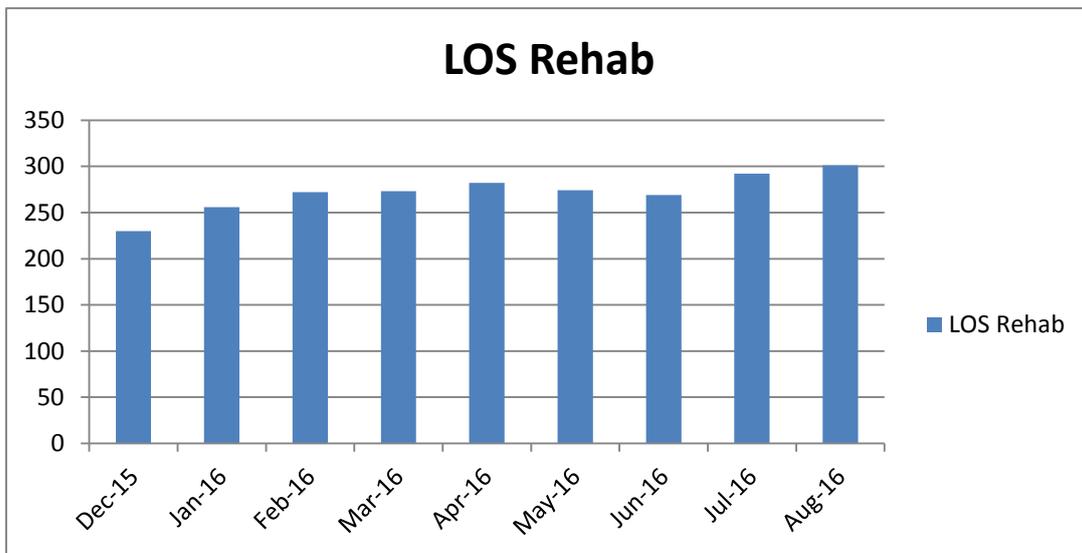
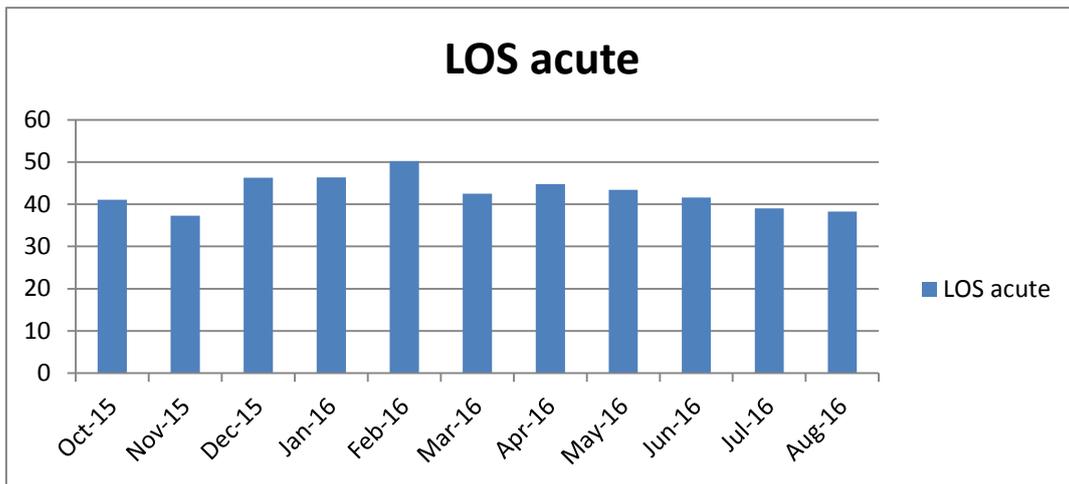
Description	Number of Referrals/Contacts
Total AMH referrals	28702 (7% increase on comparable figures 14/15)
Total AMH contacts	309643 (to 31/08/2016) (estimated 9% increase on comparable figures 14/15)
Total CRHT Referrals	5259 (4.5% increase on comparable figures 14/15)
Total AMH admissions to trust beds	1827 (11% decrease in admissions based on comparable figures for 14/15)

Alongside shifts in acuity and demand in all geographical areas we also must acknowledge the impact of increased efficiencies and decreased funding across the whole system most particularly in complex cases that are impacted on by tighter thresholds between services and specialties (e.g. those on the border between Forensic and Adult services) and also those with housing and supported living needs that current capacity cannot meet.

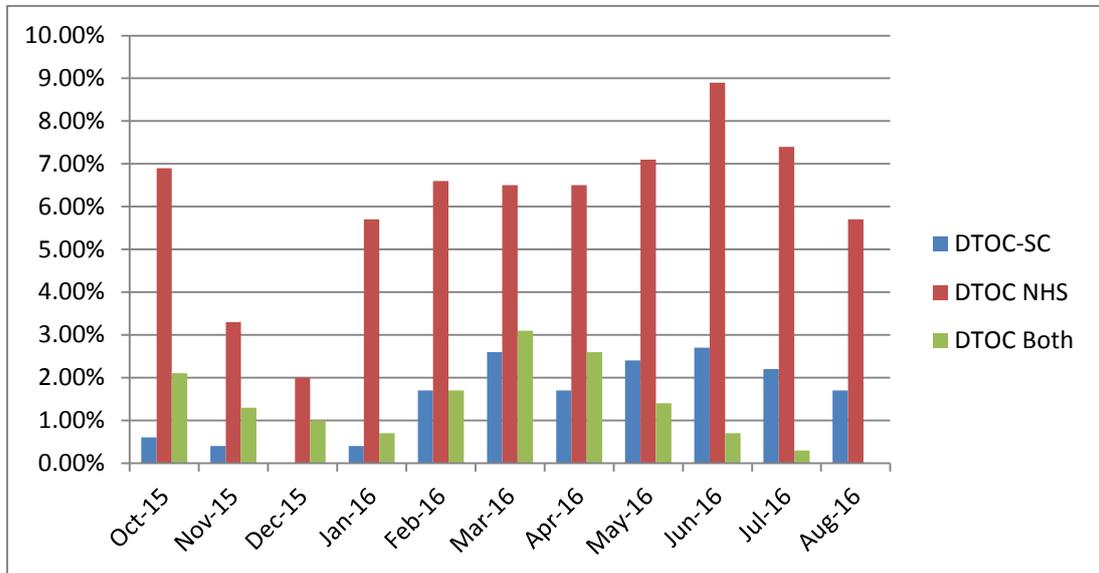
4. PERFORMANCE INDICATORS

AMH and Commissioners work closely together to measure the impact of service development on service delivery performance and quality some key measures include:

- Length of stay (Acute and Inpatient Rehabilitation)
- Delayed Transfers of Care
- Emergency Readmissions
- % increase in City and South County patients in North Notts and Bassetlaw beds



DTOC Percentages



Month	Dec-16	Jan-15	Feb-16	Mar-16	Apr-16	May-16	June-16
Emergency Readmissions	0.0%	6.3%	5.6%	2.0%	1.6%	2.3%	3.4%



AMH have acknowledged that DTOC's and those no longer requiring acute care but with short term needs preventing discharge are having the biggest impact on acute bed availability across the whole Trust. The main reasons relate to availability of housing, particularly supported living options and delays in ability to allocate a Care Co-ordinator due to capacity issues in Community Teams. These challenges alongside increased demand and restricted capacity across partner agencies have impacted on acute bed availability and the need for private bed use to safely manage demand.

Private bed usage over the past year has fluctuated and relates to spikes in demand in certain months.

Month	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Private Beds	26	5	4	11	8	15	4	12	14	10	15	14 to date

There was a large spike in October/November last year. An analysis of this demonstrated that the admissions were appropriate, many were unknown service users and with more detentions under the Mental Health Act. DTOC rates were relatively low in November 2015 so this did seem to be a period of unprecedented demand that has not thus far been repeated. Further analysis to identify whether high demand periods can be predicted is required.

Investment in service development such as the funding of the Bed Management Team, development of Beacon Lodge and expanding the Crisis House offer to include County North Service Users is starting to impact on bed availability but challenges remain. The Local Partnerships Division has also worked to ensure all available bed stock across the Directorates is effectively used appropriately to maximise bed availability and service efficiency.

Whilst it is anticipated the investment and development outlined above will impact positively on our acute beds being available for acutely unwell service users it is recognised that modelling anticipates an increased acute inpatient demand continuing over the next 4-5 years with a likely need for 16% of capacity to meet this demand. A multifaceted approach will be required to deal with bed availability issues in the longer term.

This includes reducing occupancy to below 100% by improving capacity across Community and Crisis Services, further work on managing flow, particularly discharge planning from the first day of admission and key partnership working to address social care and housing needs. In the short term, the Bed Management Team will be working 24/7 from November 2016 and the 12 beds at Beacon Lodge will start to impact across the system.

Social Care DTOC have a robust process in place from August and although still some challenges regarding the process this is positive and collaborative working and we expect to see a reduction in DTOC for social care. The female wards have a longer LOS and this is mainly due to the personality disordered patients that are a risk to themselves or others and require intensive treatment. The new Nurse Consultant appointed to start in January will lead on this pathway and support the PD Net Team to reduce the requirement for admissions and LOS.

The Division is currently scoping how to manage the increase in demand for inpatient services and looking at how we can provide additional beds for our population.

5.0 APPROACHES TO CURRENT RISKS AND CHALLENGES

- Recruitment and retention of staff has been challenging in the last year. There are National difficulties in relation to a shortage of key professional groups including Psychiatrists and Mental Health Nurses. AMH has significant recruitment challenges in relation to Consultant Medical posts, with seven empty posts and small numbers of applicants. There are high numbers of staff who are eligible to retire in the next five years.
- There is a particular issue around medical workforce engagement which is also evidenced in other Directorates. Work has now commenced with the Medical Director to address this.
- We have high usage of bank staff across our inpatient teams due to absences, vacancies, maternity leave and sickness and difficulties in covering Community teams and wards at times with bank staff, leading to concerns about safe staffing levels on some occasions. This will impact on other performance areas for the Directorate, for example, the ability to meet essential training requirements due to staff having to prioritise direct clinical care.
- Actions to address these challenges include the Local Partnership Division supporting work across all our inpatient wards looking at safe staffing levels. We have introduced block recruitment across localities and attended recruitment fairs and events. Ten newly qualified nurses began working across our inpatient units in October, following a successful initiative to retain our student nurses. We are offering posts to all appointable candidates.
- We have a rolling advert for band 2, 3 and 5 staff and intend to cover vacancies. Work is underway to establish the baseline establishment and what staffing is required to meet the needs of the patients.
- Supportive induction and developmental packages are in place to support newly recruited staff to ensure they are equipped with the correct skills to undertake their role.
- Lack of appropriate affordable housing stock for service users is a significant barrier to discharge. This issue has been improved by the recurrent refunding of Framework support workers but accommodation options are extremely limited and lead to delays in discharge.
- Social Care colleagues can often find locating appropriate specialist accommodation extremely challenging and lead to delays to discharge. AMH are working closely with social care and housing colleagues to look at solutions to current barriers and develop mitigations to lack of capacity in the system. A complex care pathway for those with ongoing high levels of health and social care needs has been developed with key partners to identify and address the longer term tenure of service users in the community who might otherwise remain in hospital for long periods.
- Pressures relating to delays within other agencies. For example, the Ministry of Justice delays in responding to request for changes in care plans for those detained under Forensic sections. AMH is supported by Executive colleagues to take these issues and their impact forward with the Ministry of Justice
- Extremely challenging issues with conveyance, current contracts unable to meet demand. Commissioner, Trust, and partner agencies focus on this issue and developing future contracts that meet capacity and demand needs.
- Positive impact of the Community Service Review is expected. A streamlining of service provision removing system inefficiencies and improving equity of access to

specialist professionals for all (expected to positively impact on demand for acute admission and crisis intervention).

- New national targets for EIP services has led to initial issues relating to capacity, demand, and workforce needs. AMH has undertaken a full review of all EIP caseloads ensuring service users are appropriately placed in the service and maximising capacity of current resource. AMH are working closely with Commissioning colleagues to aid successful delivery of national standards and resource implications linked to this.
- There were 153 complaints in the last year 2015/2016, of which 44 were not upheld, 42 upheld in part, 17 not pursued, 11 upheld, 6 resolved, 3 withdrawn. The numbers of complaints received is comparable to previous years.

6.0 CONCLUSION

AMH has continued to build on innovative service transformation, a background of increased efficiency requirements and decreased budgets across the public sector as a whole. AMH are working with local Commissioners and partners to:

- Provide ongoing monitoring and appropriate assurance regarding the impact of past service transformation on clinical quality and safety.
- Develop future services focused the delivery of safe, timely, local, effective and efficient inpatient care.
- Work with partners on the development of innovative services offers including partnership development with third sector providers.
- Meet the aspirations of the Mental Health Five Year Forward View.

AMH will continue to provide updates and feedback on service transformation going forward and will shortly commence an external evaluation of service transformation which is to be completed by Nottingham Trent University.

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