Helping you live well
in Worcestershire

Worcestershire Health and Care **NHS**
NHS Trust

29th February 2016

Co-designing Secondary Care Mental Health Services in Worcestershire

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and
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Welcome…

What is the aim of today's workshop?

- *To begin to co-design parts of adult secondary care mental health services*

How will we achieve this?

- *We will explain what services make up secondary care and which services are included in this work*

- *We will explain the financial challenges and the 'givens' and constraints*

- *We will explain the facts and figures around each service*

- *We will hear from some patients and carers who will tell us what matters most to them about secondary care services*

- *We will showcase some other ways of delivering services for us all to think about*

- *Together, we will consider how we could organise things differently, and what we think is needed to make it work*

What services make up secondary care?

Services that need to be redesigned:

- **Community Mental Health Teams (CMHTs x 4):** Wyre Forest, Redditch and Bromsgrove, Wychavon, Worcester and Malvern

  Specialist Assessment and Treatment Community based services for people with severe and / or enduing mental illness or disorder

- **Acute In-patient wards x 3:** Redditch, Kidderminster, Worcester :

  Inpatient assessment and treatment of people with acute episode mental illness

- **Home Treatment Teams x 4:**

  An alternative to hospital admission to a psychiatric ward, and facilitates early discharge for admitted patients

Services out of scope:

- ***Specialist Services****: Eating Disorder, Perinatal, Early Intervention*
- *Specialist in-patient services: Psychiatric Intensive Care Unit, ECT suite, Section 136 suite*
- *Recovery Units*
- *Crisis Service*
- *Psychiatric Liaison Assessment Service*
- *Approved Mental Health Professional*
- *Single Point of Access (SPA) part of Enhanced Primary Care and Reablement / Vocational Centres which have been co-designed already*
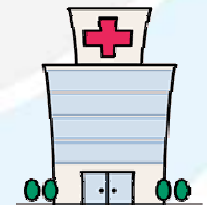
The givens and constraints…..

- Services have to be Clinically Effective and Safe and meet both the Trust's and National Quality Standards

- We have to meet NICE guidelines (referral to treatment times, the right intervention with the right professionals for the right conditions)

- Service User Expectations – Provide a High Quality and Clinically Safe seamless service

- Commissioner Expectations – no reduction in Quality or Performance

- We have a legal obligation to provide some services e.g. AMPHs

- We have clear implementation times – to leave change longer will mean we have to make more savings in the future

- We have to offer people a Secondary Care Service that combines In-Patient and Specialist Community Services

- We have to move (upstream) resources from Secondary to Primary & Make Savings

What is the new Enhanced Primary Care Service?

Services that have been redesigned to provide an easier and quicker access to services:

- **A Single Point of Access:**
    - Adult MH Trust SPA
    - County Wide (February 16)
    - Urgent & Routine - GP / Professional Referral for access to Mental Health Services

- **A Well Being Hub:**
    - Provided by VCS – Community First
    - Located in Trust SPA
    - Self Referral for low level anxiety and mood disorders- e.g. Mood master
    - Access to Directory of Services & Sign Posting to County Wide provision via VCS providers

- **Quicker access to a range of Talking Therapies:**
    - Counselling
    - CBT
    - Psychology
    - Family Therapy

- **Access to Gate Way Workers:**
    - County Wide (October 16)
    - GP liaison
    - Support for Transition from Secondary to Primary

- **Access to Peer Support:**
    - VCS provision of county wide network of Peer Support
    - Patient / Family / Carer Support Networks

The cost of funding the affected services

The total cost of funding Mental Health Services

- £23,500,000 from Health & £8,000,000 from Social Care.

of this amount direct costs include:

£6,400,000 is spent on CMHT's

£3,430,000 is spent on the affected inpatient services

£2,155,311 Is spent on Home Treatment

The financial challenges…

Cost Improvement Programme (CIP):

During the year 2016-17 the Trust has to find a 4% saving from the Mental Health Services. This equals £940,000 in total and the proportion for the included Secondary Care services is **£479,412**

Quality, Innovation, Productivity and Prevention Programme (QIPP):

During the year 2016-17 commissioners have asked us to find **£500,000** savings from Secondary Care services

Future Lives:

During the year 2016-17 Local Authority have asked us to find an additional **£410,000** savings from the Community Mental Health Teams
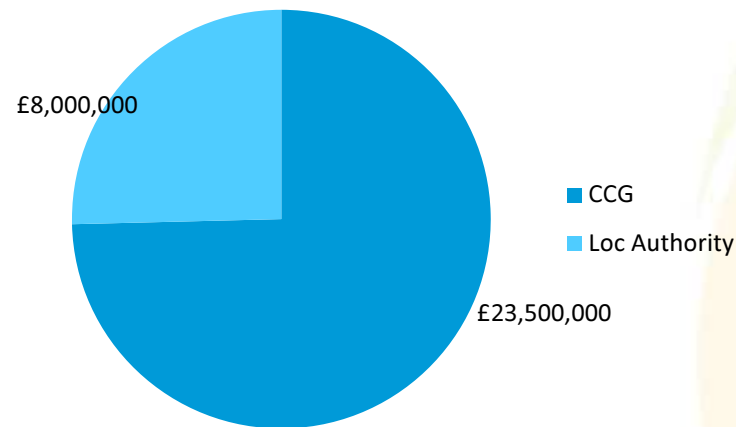
Up Streaming:

From 1st April 2016 we have to release **£500,000** from the Community Mental Health Teams to pay for the new Enhanced Primary Care Mental Health Service and SPA

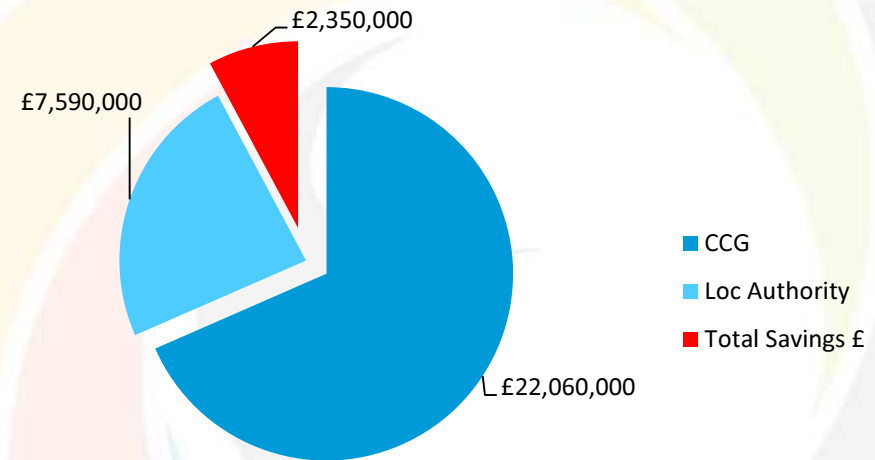**The total savings through redesign during 16/17 is £1,889,412**

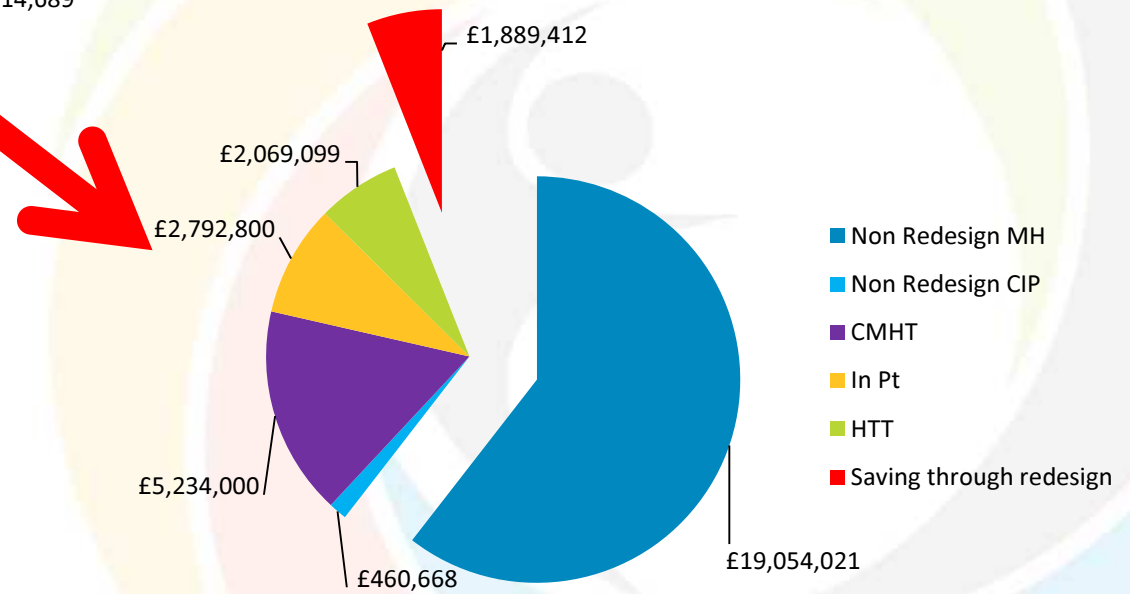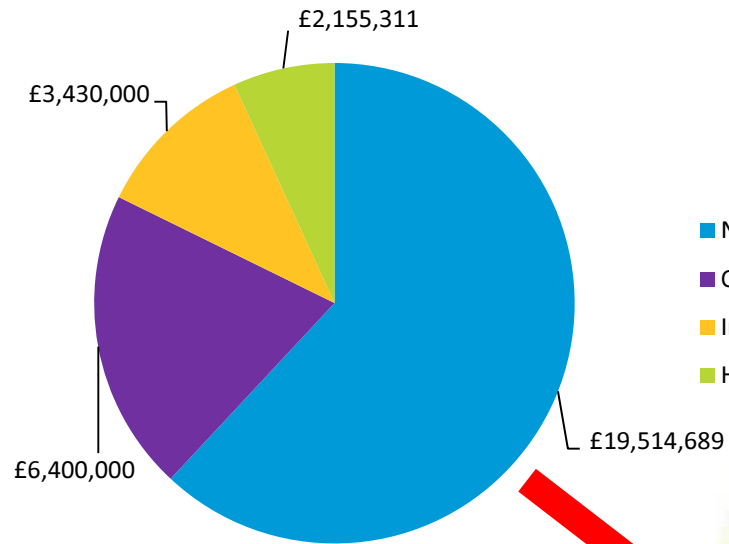The total Mental Health savings to be made during 16/17 is: £2,350,000

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Worcestershire Health and Care NHS
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£2,155,311
£3,430,000
£6,400,000
£19,514,689

- Non Redesign MH
- CMHT
- In Pt
- HTT

£1,889,412
£2,069,099
£2,792,800
£5,234,000
£460,668
£19,054,021

- Non Redesign MH
- Non Redesign CIP
- CMHT
- In Pt
- HTT
- Saving through redesign

www.hacw.nhs.uk

The Facts and Figures you need to know…

- CQC Report and Harvington Ward refurbishment & decant costs – estimated c. £820,000

- Recent cost of Hillcrest Ward upgrade - £590,000

- Average bed occupancy figures for the period from Dec 2014 - Sep 2015 - 45/54 and no out of county bed use

- c. 5000 patients use CMHT's at any one time

- c. 72 patients use HTT at any one time

- What each service currently does (Table Packs)

- The direct costs that we have to redesign within

- Additional targeted funding for mental health services

- What we will do to ensure an effective transition of patients from secondary to primary
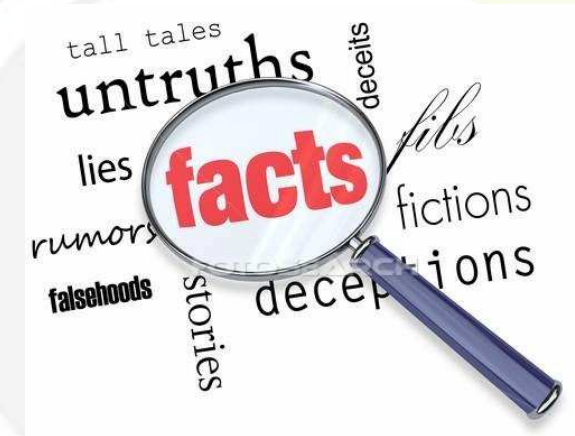
What do patients and carers say matters most to them?

Friends and Family Test feedback for all teams – December 2015 / January 2016

What is good…

'The friendly relationship with staff; someone to talk to, safety, feeling supported, being listened to'.

'Services that are informative, timely, helpful, efficient'

'A space that is calm and peaceful'

What is not so good…

'Parking at some sites'

'Buildings that are noisy, poor quality, cold, the food

What would make it better…

'More activities in in-patient services'

Home Treatment Team survey – July 2014-January 2016

What is good…

Staff are compassionate, supporting, understanding. They listen, give people time, and provide reassurance.

Staff who help with practical things to enable people to 'get back to a stable existence as quickly as possible'

Services that enable people to keep living their own lives, whilst receiving treatment

What could be improved…

Patients want more information provided about medication, treatments, tests/results, prognosis/diagnosis, patient rights, patient progress, care plans, future treatments/support

Staff visit times could be longer and more frequent with a consistency in staff

Integration with other mental health teams so that messages are consistent and people are helped on their journey through services

Access to therapeutic interventions – DBT and CBT

Drop in centres should be provided

Waiting times reduced

Mental Health Inpatient Service User Survey 2015 from Quality Health

A CQC rolling programme of surveys

Refers to the period July-December 2014

Patients said they felt welcomed onto safe wards by staff who treated them respectfully, and that overall the care provided was very good/excellent although the following areas for improvement were identified:

- *Better integrated working across teams*

- *Improved privacy for patients*

- *Listen to patient views on talking therapies*

- *More activities required on the wards*

- *Ensure physical health needs are met*

- *Give patients notice about discharge*

Mental Health Community Service User Survey 2015 from Quality Health

A CQC rolling programme of surveys

Refers to the period September-November 2014

Patients said they knew how to contact staff and those who sought crisis support said they were given help when they needed it. Patients also said they were supported in other areas of their life. The identified areas for improvement were:

- *Increased frequency and length of patient/clinician contact time*
- *Involve patients in decisions about their care, medication, therapies*
- *Annual reviews with patients*
- *Consistency in staff*
- *Accessible and understandable crisis contact information*
- *Peer support*

Complaints and compliments…

Teams were complimented for listening, for being supportive and encouraging, and for providing compassionate care and a safe space.

Areas for improvement focussed on the information provided and how we communicate. Particular areas mentioned relate to admission and discharges, access to services, medication, ward information and staff changes

Feedback from in-patient wards – what patients say they want…

- *Access to space for indoor and outdoor activity - books, music, sport, exercise*
- *Calm, homely spaces that help us recover - not volatile, cold and noisy ones where we have no privacy and feel overwhelmed*
- *Spaces with the right mix of people – some shouldn't be in here and the chaos is distressing*
- *In-patient services only for those who really need them – which isn't many*
- *Staff who relate to our interests*
- *Someone to talk to who understands – peer support*
- *Services that understand we are more than our illness – we have families, lives, homes that are important to us*
- *Talking therapies from the start, not just medication*
- *CMHT's that really help us deal with our challenges*

Recurrent themes…

…captured in a piece of patient experience….
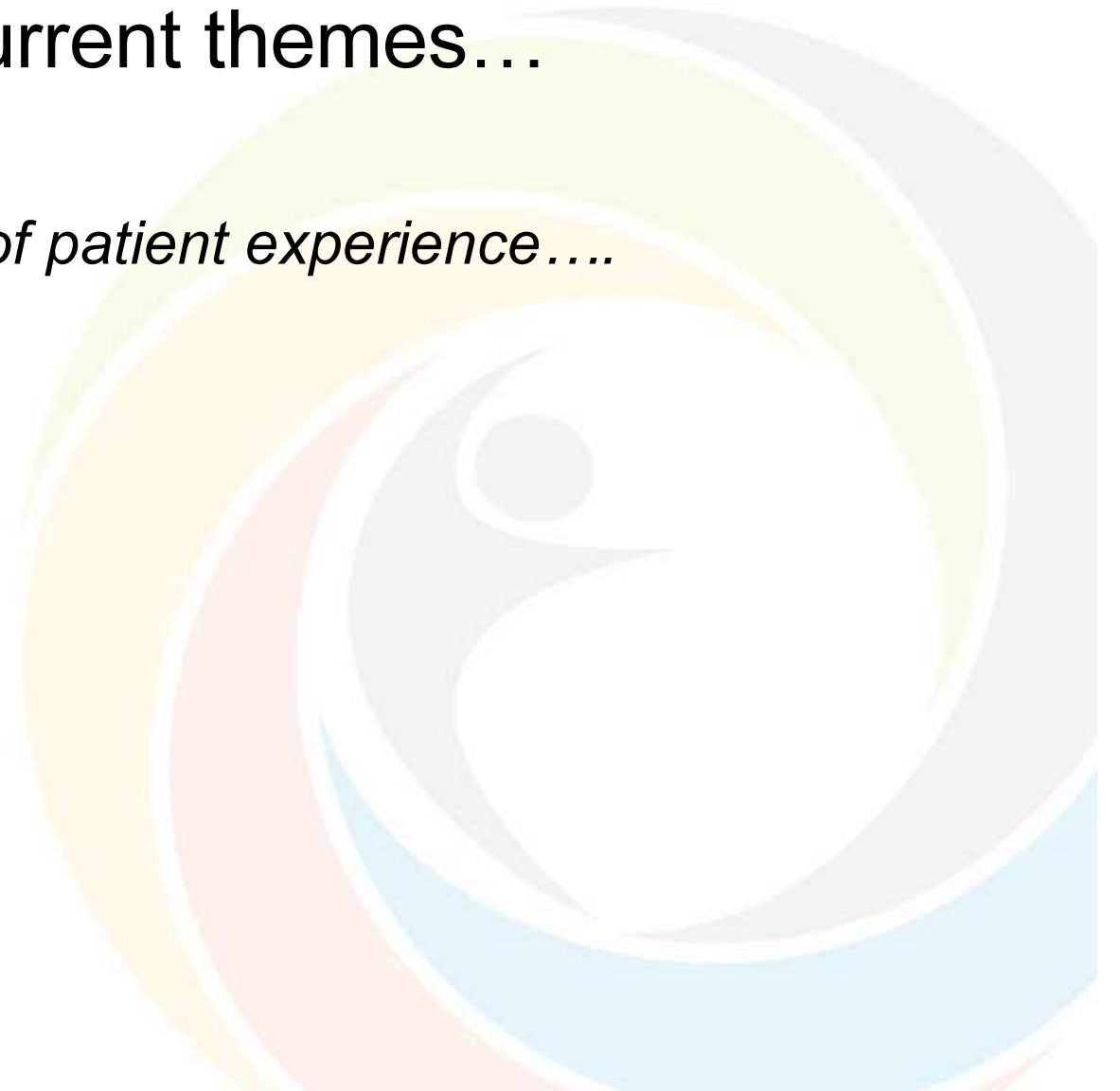
Every person with a mental health problem should be able to say:

I am confident that the services I may use have been designed in partnership with people who have relevant lived experience.

I can access support services without waiting for a medical referral.

I am able to access a personal budget for my support needs on an equal basis to people with physical health problems for example, to help my recovery or to stay well. My mental and physical health needs are met together.

I am provided with peer support contact with people with their own experience of mental health problems and of using mental health services.

I can find peer support from people who understand my culture and identity.

Peer support is available at any point in my fluctuating health – in a crisis, during recovery, and when I am managing being well.

I have a place I can call a home, not just 'accommodation'. I have support to help me access benefits, housing and other services I might need.

"The Five Year Forward View for Mental Health"
The Mental Health Taskforce, Feb 2016.

Some approaches used elsewhere and possible alternatives…

Information on tables available re:

- Glossary & Definitions
- Triage and Assessment Model
- Crisis Beds
- Recovery Houses
- Safe Houses
- Step-up, Step-down
- Rehabilitation Units – Community, High Dependency and Longer-term complex care

External documents and reports summaries:

- Defining Mental Health Services - MHN NHS Confed endorsed by RCN & CQC: 2012
- Old Problems, New Solutions - Commission Review of Acute Inpatient Psychiatric Care for Adults: Feb 2016
- The Five Year Forward View for Mental Health - The Mental Health Taskforce: Feb 2016

Questions?

Our questions to you

- In patient services – we currently have three in-patient wards, and Home Treatment Team

Against the backdrop of what patients say matters most to them and the need to make savings please consider the following:

What elements do we need to keep and how could these be organised?

What is needed to make the changes work and what would be the cost implications?

Our questions to you

- Community services – we currently have four CMHTs

Against the backdrop of what patients say matters most to them and the need to make savings please consider the following:

What elements do we need to keep and how could these be organised?

What is needed to make the changes work and what would be the cost implications?

Next Steps…

- The third of three workshops – 23rd, 25th and 29th February

- A final development workshop – 8th March

- HOSC – 10th March

- Board Assurance April 2016

- Implementation will begin May