

Health Overview & Scrutiny Committee

24th March 2014

Review of the Modernisation of Mental Health Services across Shropshire, Telford & Wrekin

1.0 Background

- 1.1 In 1956 a promise was made to the people of Shropshire to build a new patient facility to replace the old asylum 'Shelton Hospital'. In September 2012, over 50 years later, the Redwoods Centre opened and Shelton finally closed. This was done in partnership between South Staffordshire & Shropshire Healthcare NHS Foundation Trust, Shropshire County and Telford & Wrekin PCTs and both local authorities.
- 1.2 The opening of the Redwoods Centre did not just represent the availability of better in-patient facilities, but a wider strategic approach to modernising mental health services. Partners recognised that without significant change, the way services were delivered would remain the same; and patients would not benefit from innovation. Consequently, in preparation for the closure of Shelton, all stakeholders involved committed to a wider 'modernisation programme', one which would challenge expectations and transform services.
- 1.3 Patient groups were engaged throughout the process and supported the concept of investing more in Home treatment, Crisis Resolution and Assertive Outreach services. The aim was to ensure these could become more responsive and accessible as the first line of support while increasing the numbers of staff in Community Mental Health Teams and in the Memory Service.
- 1.4 The proposals were in line with the extensive review recommendations and guidance at the time including:-
 - New Horizons,
 - Royal College of Psychiatry
 - CQC requirements,
 - The 'West London Review'
 - 'Living Well with Dementia:
 - The National Dementia Strategy' published by the Department of Health in 2009, which influenced the design of the healing environment of the new Redwoods Centre.
 - Locally developed joint strategies between PCTs and the respective councils in Shropshire and Telford & Wrekin.
- 1.5 Since the local modernisation programme the Government has confirmed its commitment for the NHS to increase its focus on Mental Health services through the publishing of "Closing the Gap: Priorities for essential change in mental health" (Department of Health, 2014). This includes building on the objectives set out in the 2011 strategy "No health without mental health" and sets out the areas where people should see the fastest change e.g. high quality services with a focus on recovery, establishing clear waiting time limits, tackling inequalities in access.
- 1.6 NHS England has also focussed on *parity of esteem* to ensure that mental health services are given the same focus as physical health services. This is set out in the 2014/15 mandate from the Government to NHS England to "put mental health on a par with physical health, and close the health gap between people with mental health problems and the population as a whole" (Department of Health, November 2013) The government has also published the "Mental Health Crisis Concordat: Improving outcomes for people experiencing mental health crisis" (HM Government, 2014), the aim

of which is to ensure that local agencies work together to improve care provision for those experiencing a mental health crisis.

- 1.7 The future delivery of care provision has to be configured and delivered within the reality of the financial context where resources are finite; both Commissioners and Providers have financial targets to meet in the form of Cost Improvement Plans (CIP), Quality, Innovation, Prevention and Productivity plans (QIPP) and local government savings targets.

2.0 Current position

- 2.1 It is now 18 months since the new inpatient mental health provision, the Redwoods Centre was opened. Progress delivering the Modernisation Plan has been closely monitored by commissioners. At first this was through a joint sub group that reported to both PCT Boards in Shropshire and Telford & Wrekin. More recently it has been monitored by the joint CCG monthly contract and performance monitoring group with South Staffordshire & Shropshire Healthcare NHS Foundation Trust (SSSFT).
- 2.2 It is important that the assumptions in the original modernisation plan are revisited to establish whether they have been met and the model of care envisaged is still the most appropriate to meet the needs of our future populations. The original business case included an expectation that such a review should take place in the near future in two parts to consider a) the building project, and b) the wider expectations about better mental health services.

3.0 Castle Lodge beds

- 3.1 Castle Lodge is a nurse led unit with 12 beds developed prior to the Mental Health modernisation exercise as a step up/step down facility and before Crisis and Resolution teams and assertive outreach teams were expanded. It has effectively become 'redundant' in the new model of community based 'step up and step down teams'.
- 3.2 It was temporarily closed in September 2013 due to the reduction in use – keeping an empty unit open could not be justified financially. The development of crisis response and home treatment teams means that patients requiring this level of care can be better supported in their home environment rather than as in-patients. The monthly average bed occupancy level for the first 6 months of the year while it was open was 77.3%, whereas the average bed use by percent to Month 9 since its closure has been 68.3%. There has been no increase in the numbers of out of area beds needed since September 2013.
- 3.3 There has also been a corresponding increase in activity by the Crisis Resolution/Home treatment teams. The beds at Castle Lodge were temporarily closed in September due to the reduction in use corresponding to the increase in support in the community. At that time only 50 % of the available beds had been occupied by residents of Telford and Wrekin over the previous 6 months in line with the general trend for overall bed occupancy for T&W reducing to well below contracted levels by around 30%.

4.0 Benefits realisation review process

- 4.1 HOSC members are already aware of the intention by both CCG boards and SSSFT that a review of the modernisation process should take place – as set out in the original business case. The first part of the review on the outcomes of the new build project plan has been completed and findings presented at the SSSFT board. This process is being managed directly by the SSSFT and is not within the scope of this review.

The scope of the review covers:

- Inpatient bed facilities provided by SSSFT for Shropshire and Telford & Wrekin patients
- Out of Area patient placements where the bed has been purchased due to a gap in local

- capacity rather than the need for specialist placement
- Community Services provided by SSSFT for Shropshire and Telford & Wrekin patients

The review does not include:

- The provision of diagnosis/care for patient presenting with Autistic Spectrum Disorder (ASD). There is a separate piece of work being undertaken regarding this.
- The Redwoods building project plan – this work has already been undertaken by the SSSFT.

While the implications for future modernisation are potentially far reaching, the review is also focusing on the bed capacity needed across Shropshire and Telford & Wrekin to inform the decision about whether to make the 'temporary' closure of Castle Lodge Permanent.

- 4.2 The review is being led by CCG commissioning leads with support from a steering group with representation from SSSFT, both CCGs and both local authorities.
- 4.3 The review to assess the assumed service benefits of the modernisation programme is underway and is based on three components:-

Step 1 - A review of the modernisation exercise – have the anticipated benefits been realised?

Current/planned activities within this component include:

- Interrogation of the data to identify changes in activity between in-patient and community settings measured against the outcomes set out in the original business case.
- Completion of a case note audit of the use of psychiatric intensive care (PICU) to give assurances to CCGs about the levels of demand/need and appropriateness of use and length of stay in PICU; and to assess the usage of out of area beds for PICU and other acute care.
- To review the key assumption in the modernisation plan about the balance of inpatient and community based care – was the modelling right, and have workforce development and capacity building exercises been properly completed so the new model is working?

Step 2 - A review of current against best practice to help us understand what 'Good' Mental Health Services look like.

Current/planned activities within this component include:

- Undertake literature review of best practice and recent NHS guidance
- Complete benchmarking exercise of current provision against this information
- To check whether current provision offers safe arrangements

Step 3 - Engagement with stakeholders to ensure they inform both 1 & 2 above and subsequently decisions about best service design and best use of resources.

5.0 Progress to date

- 5.1 Key points to note from stage one of the review to date include the following:
- Initially, it took some time for the staff in the Crisis and Home treatment and community teams to be appointed, inducted, trained and developed, and indeed this work is still ongoing. The plan was ambitious as it involve retraining staff who had previously not had community experience, and for those who had to learn new skills.
 - More recently the volume of community based activity has increased, and service users are being appropriately supported in community environments. This increase in community activity has been particularly notable in the Memory Service which includes the Memory Clinic and Dementia Home Treatment teams.
 - While the need to access beds out of area for acute care or for psychiatric intensive care (PICU) continues there has been a reduction in the numbers of people cared for out of area

from 2012/13. Most 'out of area' admissions during 13/14 have been for either psychiatric intensive care or to acute beds within the Trust wider capacity but out of Shropshire or Telford. Psychiatric Intensive Care is commissioned on a cost and volume arrangement with SSSFT or other hospitals out of area – it is not in the block contract with SSSFT.

- The intention in the initial business case was to reduce the average length of stay for inpatients in acute beds. The modelling assumption was that the average length of stay would be 27.1 days. The current cumulative length of stay at Month 9 (2013/14) is 30.2 days although the trend based on month 9 (December 2013) (when there was an average length of stay of 27.5 days), suggests this will continue to reduce and the target could be achieved during 14/15.
- There are ongoing debates nationally about the need to further improve services for people suffering with Dementia, which can be considered a long term condition where hospital admission (in an unfamiliar environment) may not be the right place to offer care. In our patch we do not currently have a 7 day service; two thirds of admissions are out of hours; and community teams operate a caseload model which may not be the most responsive model. Team structures and models of care are inconsistent and much more needs to be done to understand the needs of carers.
- SSSFT Directors have used internal benchmarking to highlight differences in clinical effectiveness and productivity of local teams in Shropshire/Telford & Wrekin, (although for the trust these issues may apply across the whole of their area). While quality and performance measures for the trust are generally positive, there is scope for improvement in service models.

For example:-

- Some Community teams have twice as many referrals as others with the same population
- Caseloads in one locality are 25% lower than another with the same population, but referrals are 15% higher
- Length of stay on wards varies considerably
- Delayed transfers of care are increasing year on year – which suggests some challenges with interface issues with partners, particularly Social Care and Housing.
- Home treatment / crisis services – flexibility and treatments vary
- Limited use of personal budgets

5.2 Key points to note from stage two of the review to date include the following:

- South Staffordshire & Shropshire NHS Foundation Trust (SSSFT) is part of the NHS Benchmarking Network. The mental health benchmarking report (2013) demonstrates that the number of occupied acute beds across the Trust is at the median level of bed provision and is at the lower percentile for acute adult admissions and occupied bed days per 100,000 population. It is also at the median level for length of stay. It is important to note that the 'occupied bed day' capacity (the term in the contract for bed capacity) includes Castle Lodge.
- The trust has embarked on an internal programme of improvements and is engaging staff, service users carers and wider stakeholders in that. Managers are reviewing the skill mix in each team to ensure the most expensive staff are being used more effectively, and are piloting new innovative approaches, for example increases rehabilitation support for Dementia patients.
- These changes are being steered in the context of needing to identify savings of circa £14m over the next 3 years on top of commissioner savings, so must deliver more cost effective approaches in addition to improving clinical outcomes.
- Mental Health Services are not without guidance on what 'Good' looks like. The evidence continues to point to a patient centred approach with a focus on 'recovery'.
- A pathway approach whereby prevention, early intervention and support to avoid crisis, with a range of rapid interventions to manage unavoidable escalations immediately and sensitively – which may involve a period of in-patient care, followed by effective rehabilitation is still, in a

nutshell, the 'Gold Standard'.

- To achieve this requires an effective partnership model with service users, carers and all key agencies, and for Mental Health staff to be supported in developing a skillset so they can deliver evidence based interventions at the right time and place.

5.3 Key points to note from stage 3 of the review include the following:

- The review of the modernisation includes engagement with patients, carers and other stakeholders to determine their experiences as a result of the changes made to date. The questions asked through the period of engagement will be based on the assumptions set out in the initial business case, AND the outputs from steps one and two above.
- The engagement period will run for a six week period from the beginning of April to mid-May. This will be organised and all information collated by the Communications team, Staffordshire Commissioning Support Unit. The CCG Patient & Public Involvement leads and representatives from the Councils will also be involved in the process. The intention to engage has been presented at both CCG patient engagement groups. Local Authorities, Healthwatch, Carers groups, Voluntary sector forums and other appropriate groups will be involved.
- There will be CCG representation at the SSSFT patient engagement group on 18th March to discuss how best to engage with patients and carers and this will feed into a planning meeting to be held on 25th March. The engagement period will culminate in a large event in mid-May which will be professionally facilitated.
- As well as engagement events, information will also be collated from complaints departments, the Friends & Family initiative and the real time patient experience surveys that are on-going.
- The steering group would also ask members of the HOSC for comments on the findings to date, and the high level proposals for future modernisation.

Appendix A sets out how the engagement will be carried out.

6.0 Final Report

6.1 The final review report scheduled for June will provide recommendations for how we improve:-

- Needs assessment of mental health needs of our population
- Are current pathways 'fit for future' – do they provide clear integrated pathways?
- Agreeing on what "good" looks like – as above? Or what?
- What does the balance between inpatient and Home Treatment services need to be?
- Embedding the recovery model and having the user at the centre of care delivery
- Flexible use of beds - type and location
- Ensuring all services are clinically responsive and safe?
- Reducing variability in care provision between localities thus ensuring that there is consistency of care delivery across the health economy
- Ensuring timely access to care in the event of a crisis in line with the Concordat
- Access to support to prevent crises occurring and staying well to prevent further crises
- Wherever possible to avoid hospital admission by providing alternative care and support
- Working in close partnership with other agencies and stakeholders.

7.0 Next steps

7.1 The review team will bring a final report to the CCG Boards and HOSC in June as planned. This will include a complete set of recommendations based on the analysis and engagement underway.

7.2 The recommendations will inform strategic delivery plans to ensure that the local population has timely access to modern, high quality accessible and responsive mental health services that are amongst the best in the country, and offer best use of finite resources.

8.0 Recommendations

8.1 HOSC members are asked to:-

1. Note progress to date
2. Comment on the plans set out for the review of the Modernisation of Mental Health Services
3. Contribute to the county wide debate on 'what do good mental health services look like?'

Appendix A

Modernisation of Mental Health Services across Shropshire and Telford

Proposals for Engagement

The modernisation of mental health services locally continues. Modernisation to date has included the opening of The Redwoods Centre, Shrewsbury, increases in community services and, more recently, the temporary closure of Castle Lodge, a bed based facility in Telford.

As mental health services across Telford and Shropshire enter a new phase, it is important to carry out meaningful engagement with patient groups and organisations in relation to these services. A six week programme of activities with various groups is planned, beginning in April, and this will culminate in a large public event during May.

Objectives

- To gain service user feedback regarding the expected benefits of the mental health modernisation programme
- To gather feedback from key stakeholder groups about what they want from a modern mental health service and how these services can best be delivered

Areas to address include:

1. Improved access

- How accessible is crisis support when it's needed?
- How do you access community mental health teams?
- When referred for a bed – has it been available?
- Has access to psychological therapy in hospital improved?
- Has access to the Memory Service improved?

2. Safety and minimising risk

- Patient experience in the hospital environment – does it feel like a safe and supported environment?
- Does it feel different to Shelton? If so – how?
- Staffing levels – do they feel appropriate?

3. Better care/increased services in the community

- Does it feel as if there is more care in the community?
- How accessible/responsive is it?

4. Is the ward accommodation better than before?

16-bed wards /wifi/ ensuite now in place

- Are better outcomes achieved?

5. PLACE (formerly PEAT) ratings

- Are service users involved in the ward assessments?

6. How would you like to be engaged when being asked for your feedback in the future?