Improving Mental Health Services in Bath & North East Somerset

Andy Sylvester –
Executive Director of Operations
Welcome & Introductions

• Housekeeping
• Format of the day
  – Presentations
  – Questions and answers
  – Information stalls: find out more and meet our staff
  – What happens next
Bath & North East Somerset context

- Working with the emerging CCG
- Building relationships across agencies
- AWP wanting to continue to provide services
- Outmoded service models for community services
- Variations in services, experience and outcomes
- Quality, Innovation, Productivity & Prevention (QI PP) agenda
AWP’s vision for Bath & N East Somerset

- Easy access to specialist mental health services through local health GP practices
- Rapid highly specialist single assessments
- Treatment according to need including:
  - Intensive support for those in acute or crisis need
  - Brief intervention in the community
  or
  - Seamless transfer to a range of more specialist interventions in the community
  or
  - Seamless transfer to more specialist longer term services, including inpatient care where necessary

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Service development plans 2012/3

• Changes to community based mental health services to:
  – Streamline and improve access
  – Deliver more services within primary care
  – Improve efficiency and effectiveness

• Changes to inpatient services which aim to:
  – Further reduce excess bed capacity
  – Ensure all services operate to nationally recognised standards
  – Make the best use of beds available in the Bristol area
Benefits: patients, carers, other service users

- Improved care co-ordination across pathways through regular review, taking account of individual needs
- Improved personalisation of services by extending care pathway approach to service delivery
- Service users requiring complex and intensive support will have access to environments specifically designed for their needs, supported by appropriately trained staff
- Equal access to services
Benefits: patients, carers, other service users...

- Easier access to the right services at the right time
  - Safer, more effective, quality care
  - Improved care pathway for service users
- Support service users to aim for their recovery
- Optimise their choice and control
- Help people to enjoy the best possible health and wellbeing
Presentations

- Primary Care Liaison services – Paul Maddock
- Community services – Paul Prochazka and Steve Herries
- Later Life services – Paul Hughes
- Specialised and Secure services – Carol Bowes, Acting Service Director for Specialised & Secure Services
- Adult Inpatient services – Nicky Bennett – Consultant Nurse
Primary care liaison service

Paul Maddock
Request for Advice

Primary Care Liaison Service

Improving Access to Psychological Therapies

Intensive (Assessment 4 hour)

Complex Intervention and Treatment Team
Complex Therapies Team
Recovery
Intensive (home treatment)
Early Intervention
Psychological Therapies Service
Adult Inpatient
Our teams

• Primary care liaison service- the front door
• Intensive team
• Recovery Teams
• Early Intervention team
• Psychological therapies service
• Complex Intervention and Treatment Team
• Memory Services
Primary Care Liaison Service

• No criteria – How can we help?
• Here to support, advise, educate and signpost
• Act as the front door into AWP secondary services
• SBAR (Situation, Background, Assessment, Recommendation)
• Seamless transfer into relevant AWP service
Primary care liaison service staffing

- Team Manager
- Consultant
- Band 6 CPNs
- Team Admin support
PCL service – contacting

• 8am to 8pm Monday to Friday & Saturday mornings
• Face to face, by phone or fax
• AWP intensive service - front door at all other times
Community mental health services in BaNES

Paul Prochazka and Steve Herries

www.awp.nhs.uk/services/community/
What have we done in response to local and national feedback?

• Restructured our teams to deliver clear evidenced based interventions and greater access to informal advice to our Primary Care colleagues

• Reselected staff to specific roles based on their skills

• Set up new training pathways to ensure that there is opportunity to provide more evidenced based interventions

• Made sure that all teams have drugs and alcohol expertise

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Our teams

Referrals from any source
8am - 8pm

Primary Care Liaison
Hillview Lodge
Primary Care

Early Intervention for Psychosis
Hillview Lodge

Intensive Service
Hillview Lodge

Recovery Team
Bath NHS House
(covering all of Bath and North East Somerset)

Psychological Therapies
Linked to each Team

24/7
Home Treatment and Crisis Assessment
BaNES Intensive Team
Tel: 01225 362814

• Multidisciplinary team 20+ staff
• Operating 24 hours every day of the year
• Home treatment
  – 2-3 visits per day as alternative to admission to hospital
• Crisis Assessments and Treatment
  – Referrals where emergency assessment is required within 4 hours
• Hospital Admissions
  – Involvement in all admissions and early discharge from hospital

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BaNES intensive team - our service out of hours

• Home treatment – available over 24 hour period
• 24 hour crisis assessments in service user homes, Place of Safety, Police Stations and RUH Emergency Department
• Working with service users and families being seen by Early Intervention and Recovery Teams when there is a need for additional input during a crisis
BaNES Recovery Service
tel: 01225 731631

- A large multi disciplinary team based at Bath NHS House
- Divided into three work streams each covering specific GP practices across the whole patch
BaNES Recovery Teams - what we do

• Provide short, medium and long term interventions to individuals with high level of disability and need based on good practice and NICE guidelines
• Utilisation of the Recovery Star framework
• Assessment and support for those who may be in a supporting or caring role
BaNES Early Intervention in Psychosis Team

• BaNES wide service based at Hillview Lodge
• Caseload of 70 service users experiencing a first episode of psychosis who are seen for up to 3 years.
• Multi disciplinary team including a worker who works across CAMMS and Adult service
• Aim to discharge 80% of the caseload back to Primary Care at the end of 3 years. Recovery rates nearly this now!
BaNES Early Intervention in Psychosis Team

- The core hours for the team are 9-5 with flexible working between 8am and 8pm.
- Referrals from any source; most come from GPs through Primary Care Liaison and centres of learning.
- The service is targeted at people between the age of 14-35.
- Assessment for anyone meeting the age criteria with symptoms of psychosis (hearing voices, paranoia, disordered thinking) or where there are concerns that this may be developing.
BaNES Psychological Therapies Service (PTS)

- BANES PTS is one overall team serving the whole area.
- PTS Head: Claire Williamson, Consultant Clinical Psychologist
- PTS Staff background: Clinical Psychologists and Art Psychotherapy.
- Our hours of operation will be where possible 8-8 in NHS House, Bath.
- Contact us at Bath NHS House 01225 731563
BANES Psychological Therapies Service - what we do?

• Provide an **INDIRECT** service to all the new teams by offering consultation to help with assessment and treatment decisions and the supervision of psychological interventions carried out within the teams.

• Provide a **DIRECT** service to all the teams by offering when available and appropriate psychological interventions for complex cases. Eg: Clinical Psychology Formulation and Intervention, CBT, Brief Psychotherapy, Family Work, etc.

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Liaison and Later Life Services

Paul Hughes
Liaison and Later Life SBU

- Liaison (PCLS)

- Later Life
  - Age-appropriate specialist psychiatric and psychological therapies
  - Community based Complex Intervention Teams
  - Complex Therapy Teams
  - In-patient services for the above
Who and Where

Community services led by Phillip Rhodes are based in Bath NHS House

Inpatient services led by Peter Hollingsworth are based in Ward 4, St Martin Hospital
Principles of LLL SBU in Bath and North East Somerset

1. **Flexibility**: taking services out to people wherever they may be.

2. **Speed**: Rapid access to specialist services once assessed by the Primary Care Liaison Service

3. **Expertise**: Provision of specialist therapeutic support and treatment from occupational therapists, physiotherapists, psychologists, psychiatric nurses, consultant psychiatrists and other staff.

4. **Partnership**: Mental health is not an isolated issue. Working together social care staff through SERONA and other agencies caring for older people. Clear pathways to ensure people receive seamless services.
Recent changes

- We have reduced the number of inpatient beds for older people at St Martins Hospital Hospital to release existing resource to further invest in our plans for improving local services

- This has allowed us to deliver comprehensive therapeutic community-based services; including better liaison capacity and support to people in care homes
Benefits

• **Preventative approach**
  The development of primary care liaison has meant that people with dementia and mental health difficulties get better targeted support from specialist nurses, doctors and other staff.

• **Early intervention and diagnosis**
  Will enable people to be aware and understand their problems at an earlier stage of their illness, allowing more choice and control over what happens in their treatment journey.

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Benefits

- **Meeting need through building capacity**
  Development of expanded and comprehensive community services will help more older people to continue to live at home by providing the care that is needed with high quality therapeutic, practical and intensive support.

- **Offering help in the right place**
  Shifts the emphasis from hospital and institutional forms of care to the provision of services that meet the needs of service users and carers in their own homes or in an environment that optimises their abilities to live independent and fulfilling lives.

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Modernising Mental Health Services Bath and North East Somerset: 5 themed objectives

- Have a **locally accountable** Bath and North East Somerset structure.
- Ensure **greater partnership** and interface working.
- Provide **clearer routes** into and services that are **easier to access**.
- Provide **dementia as a distinct care pathway**.
- Have **prevention and early intervention** as the default position.
Questions and answers
Specialised & Secure Services

Carol Bowes, Acting Service Director for Specialised & Secure Services

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What services we provide

- Low and Medium Secure Services
- Forensic personality disorder services
- Learning Disability (inpatient and forensic services)
- Rehabilitation Services
- Eating Disorder Services (inpatient and community)
- Mother and Baby Services
- Psychiatric Intensive Care Services (PICU)
- Adult ADHD
- Autism Spectrum Services
- Deaf Mental Health Services
- Veterans Service
How we are improving

• We are not making full-scale changes to the services we provide
• We are continually assessing the effectiveness and quality of our services and developing our services to meet changing demands
• As a service we are committed to ensuring that all people receive a quality service and a positive experience of our services, resulting in an improvement in their mental health. That they have a full needs assessment undertaken, collaboratively, with specialist staff and an appropriate care pathway
We achieve this by undertaking the following:

• Building on the successes we have achieved in implementing the recovery approach in our in-patient medium and low secure services, in partnership with our service users.

• Continuing to use Real Time Patient Feedback systems, to ensure that service user and carer’s satisfaction with their care and the service is monitored and relevant corrective action taken when necessary and that appropriate evidence is provided for the CQC registration outcome.
We achieve this by undertaking the following:

- Continue to have all our in-patient services quality peer reviewed by external agencies that include service user experts, to allow us to action plan to continually improve them.

- Working closely with our commissioners
Aims

• We provide a “diverse” portfolio of services and as such each of our services undertake a specialised assessment and develop individualised care plans and goals based on the specific/specialised needs of their clients. More detail is available from the Service Managers listed on the poster information available today.
Some examples of specific service aims:

• In our Eating Disorders services we aim to provide an end to end service, located within one building on the Southmead site, which will incorporate inpatient and outpatient facilities and day and community aspects of the service.

• Our PICU services aim to assess, treat and support a service user until they are stable enough to be cared for in a less restrictive environment.
Some examples of specific service aims:

• Our inpatient LD and MH care services at Lansdowne aim to provide responsive Learning Disability and Mental Health care for service users who usually live in supportive accommodation in the community.
Adult inpatient services

Nicky Bennett – Consultant Nurse
What have local people told us?

• Focus on people’s recovery and strengths
• Service user and carer involvement in planning
• Be socially inclusive and help people stay in touch with home, family, work - a meaningful life
• Provide better information
• Integrated, prompt assessments and where possible, through a single point of access
• Equitable, fair, person-centred and flexible
• Clear pathways of care into, out of, and in between services

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Current services - adult inpatient SBU

- 23 acute beds – Sycamore Ward, Hill view Lodge
Proposed adult inpatient model of care

• 23 adult acute inpatient beds
  – No reduction of acute inpatient beds

• No HDU beds
  – A reduction of eight HDU beds and use of PICU services across AWP – this has already been actioned.
Quality improvement initiatives

• Productive Ward programme
• National quality Acute Inpatient Accreditation Programme (AIMS)
• Clinical handover initiative developed by Lime Ward in Bristol and disseminated across all wards in AWP.
• Completed ‘Missing Persons’ Action Plan, complied with AWOL clinical performance targets and improved clinical management
Quality improvement initiatives...2

- Physical healthcare clinics on wards for wellbeing/health promotion
- Completing improving therapeutic approaches pilot using a solution focused approach
- Recovery approaches to care and treatment on all wards
- Productive ward programme
- Developed and embedded a clinical lead nurse role for safety and compliance to ensure learning from incidents, events and feedback
Quality improvement initiatives...

- Life cycle environmental improvements completed in some areas and work to improve other environments underway.
- Weekly care pathways meetings assist reviewing service users’ progress and ensuring the right service is being delivered.
- Performance management framework being used to effect the attitude, motivation and opportunities of our workforce.
- Developing a new ‘welcome and hospitality facilitator’ role for each ward having listened to service user feedback.
- Recovery Star used to promote recovery approach for service users.
- New service user feedback initiative called VOICE.
Leadership improvement initiatives

- Established New nurse consultant and medical lead consultant psychiatrist posts across the SBU
- Consultation about to begin on new clinically focused roles for modern matrons and ward managers
- Delivering development programme for all Band 6 team leaders throughout the inpatient services
- Designed a matrons MasterClass programme
- Monthly peer supervision programme for matrons
- Matron development away days to support cross learning
- Bespoke training pathways for staff across the inpatient services based on core competencies
- Medical leadership coaching programme
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