Healthy London Partnership

Urgent and Emergency Care Improvement Collaborative

Seamless journey in the mental health system

Supported by and delivering for:

Public Health England

NHS

directors of adass adult social services

SUPPORTED BY MAYOR OF LONDON

London's NHS organisations include all of London's CCGs, NHS England and Health Education England

Agenda

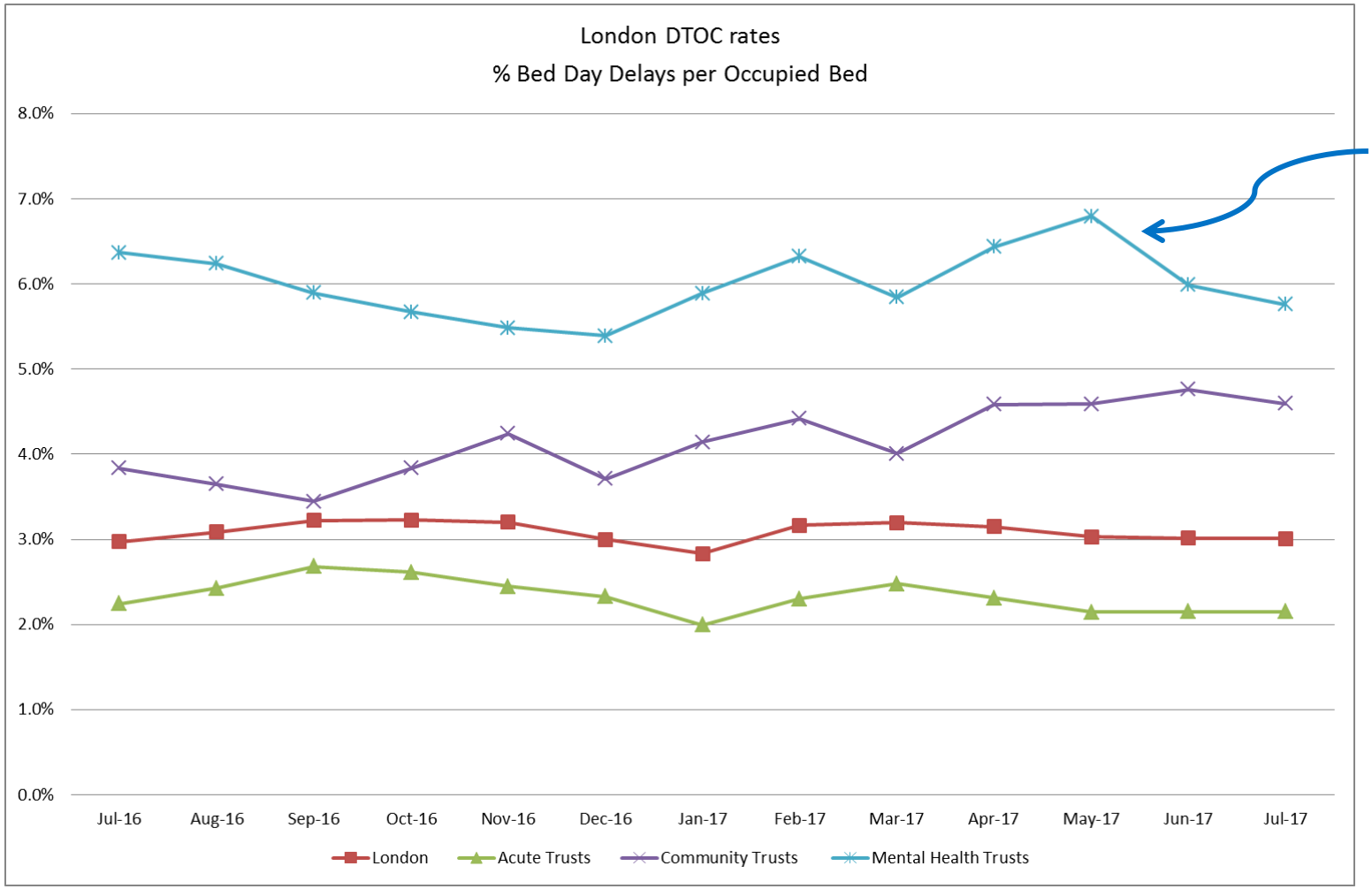
Time	Item
10:20 – 10:30	Welcome and overview
10:30 – 11:00	Promising practice - National work - NELFT
11:00 – 11:30	Emerging top tips
11:10 – 11:30	Work in groups to make comment on the Top Tips
11:30 – 11:35	Final points from groups about top tips and reminder of workshop on 20 Oct for the system

Our ambition

Londoners get the right care at the right time in the right place

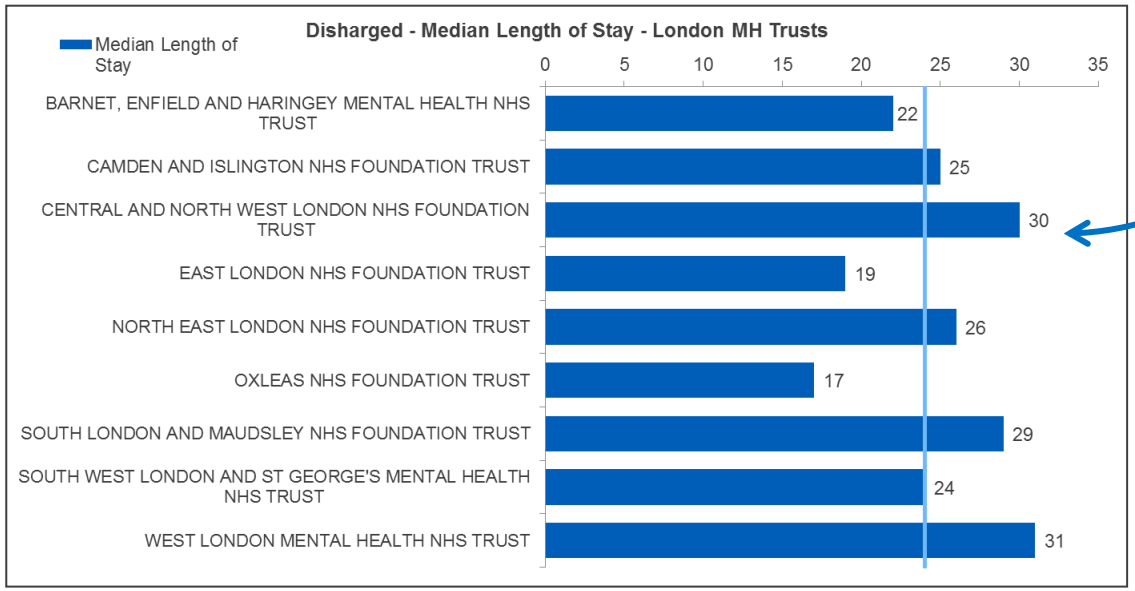
- **Empowered and focused leadership**
- **A smooth journey through the system**
- **Being supported to stay home and come home quickly**
- **Consistent services 7 days a week**
- **Data driven improvement**
- **Collaborative and sustainable networks**

We need to focus on improving flow

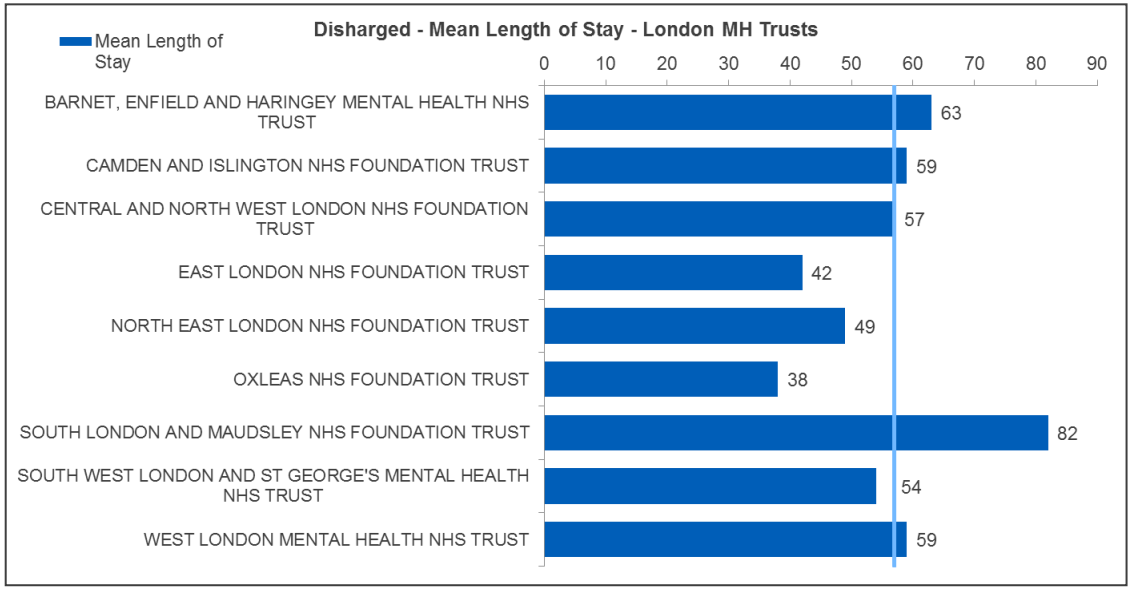


MH trusts have much higher DTOC rates than any other system in London

Overview of Improvement Collaborative work



MH trusts lengths of stay vary – but all remain relatively long



Overview of Improvement Collaborative work

- Working with local and national examples of emerging practice (next two conversations)
- Developing ‘top tips’ with practitioners and patients across the system
- Working with system leaders to develop actions to improve against these top tips

Delays for mental health patients: developing mental health toolkit to support systems with their improvements

Emma Bagshaw
ECIP Mental Health Lead

20th September 2017



Introduction

- Delayed transfers of care: indicator of acute mental health system pressure impacting on OAP
  - Data quality issues

- National-level analysis at least 20% of all DTOCs are from mental health settings
  - Local A&E Delivery Boards and STP plans need to include mental health

- Tasked to understand demand and extent of 12- hour breaches attributed to mental health

- Developing a 4 module toolkit to support intelligence & improvements in mental health pathways

Module 1- Providing intelligence

Ability for you to probe, benchmark and make hypothesis

STP data pack will exist for all areas including:

- Length of stay
- Out of area placements
- CRHT delivery of core functions
- CQC community mental health rating

Questions for liaison services

- What makes a good liaison service?
- Impact on core mental health services

Module 2- Understanding local demand & opportunities for improvement

Site deep dives to gain a greater understanding

Audit tool developed and being tested nationally to determine the demand & opportunities for prevention and demand management

Early findings:

- Valued by systems, creating single version of the truth
- Rising level of MH presentations to EDs
- Low levels of coding to understand demand & drive planning of prevention and workforce skill mix
- High Rates of 4 and 12 hour breaches due to MH delays
- Major problems in flows through ED

Module 3- flow kit guidance

Themes captured translated into guidance to support

- Frequent attenders – Street triage, SIM
- Identifying bed/services
- Mental Health Act Assessments
- Patients under the influence of substances

Module 4- QI improvement techniques & expert facilitation

- ECIP support (facilitated audit, walk through, facilitated workshop and report)
- Local task & finish groups
- PDSA & QI
- Case studies
- Translating and testing Red2Green in mental health
  - Developing Rapid improvement guide, case studies and videos

Would you like to get involved, help test to make this tools really useful?

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Reducing Delays

Newham Centre for Mental Health

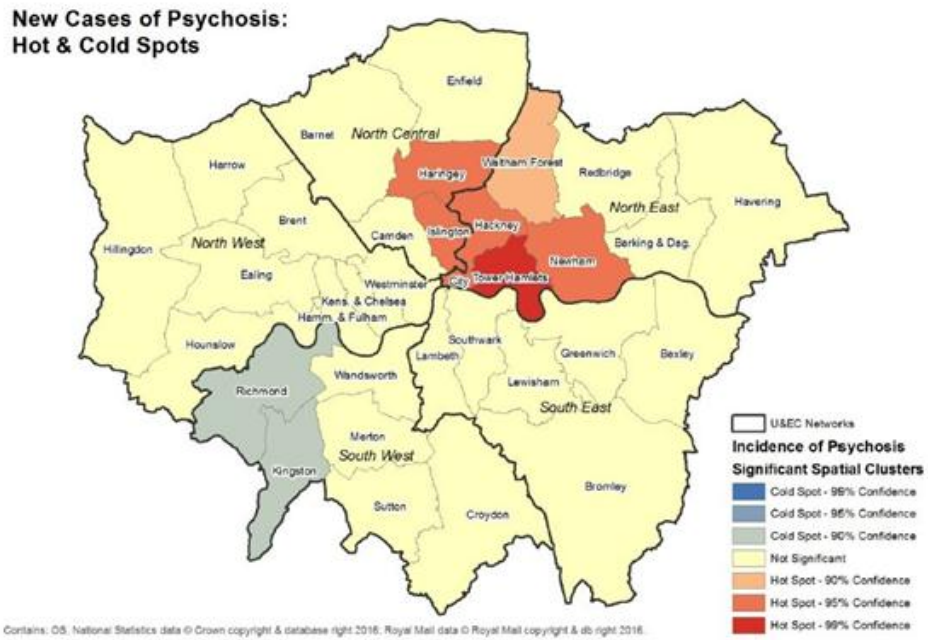
East London NHS Foundation Trust

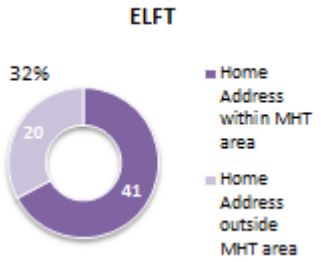
The Newham Context

- Population of over 340,000 people.
- Young and projected to grow further due to natural growth.
- Separate provision of Health and Social Care for Adult Mental Health Services since April 2016 with 1 point of entry for adult mental health referrals and 1 point of entry for Mental Health Social Care

London Borough	Police Section 136 Detentions		Children and Young People Detentions	
Borough/U&EC network	Total	Rate per 100,000 Population	Total	Rate per 100,000 Population
City of London	157	2842.7	3	923.1
Hackney	144	78.5	3	13.3
Newham	187	85.1	11	34.9
Tower Hamlets	107	52.3	6	25.7

*Aggregated s136 activity data from London's three police forces over 2015/16 is outlined below. The data is presented in absolute numbers and also weighted for the relative size of each borough's resident population to allow for comparisons that take each borough's relative size into account.





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Inpatient Care in Newham

- Mixed Gender Triage Ward (15 beds) with an average length of stay of 5 days and maximum stay of 14 days.
- Those that require a longer term admission are transferred to one of four single gender wards (34 female beds and 36 male beds).
- One Adult Male PICU on site (12 beds).
- Admissions average 121 per month. Discharges average 116 per month.
- Average Length of Stay: 25 Days (including Triage: 19)
- Average Occupancy: 79%

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Pre-Bed Management

Weekly internal pre-bed management meeting with all ward matrons and managers in attendance and Consultant Psychiatrists invited. Chaired by Borough Lead Nurse and Associate Clinical Director. Borough Director or Deputy Borough Director in attendance. All admissions discussed.

Opal Ward Date of Bed Meeting: 25.04.2017

Please RAG code admission in 1st column: G = clear discharge plan, A = possible accommodation issues or delays, R = definite accommodation issues or delays

RAG	Patient Name / DOB / MHA Status	Consultant	Date of Admission & Expected Date of Discharge	Accommodation Issues on Admission *Please include if input from LBN is needed*	Discharge Plan	Update from MDT *Please include action – date to be actioned by – and who will action*	Update from LBN *Please include action – date to be actioned by – and who will action*
	[redacted] 16/08/1964 Section 3	Dr [redacted]	Admission- 04/04/16 Discharge- 02/05/17	Assessed by Orchid Lodge and accepted.	Staggered leave of up to 4 weeks agreed. Has now been to Orchid Lodge several times Day leave has been going well. To commence overnight leave next week [redacted] and Orchid Lodge staff attending ward round Tuesday.	Section 3 since Mon 28th /03. Considering discharge on CTO. Continuing to facilitate escorts to Orchid lodge as part of graded discharge Requires DST. Continue with day leave to placement up to 8 hours per day. [redacted] completed DST on 24/04/17.	Orchid Lodge –Accepted – paper work with screening panel. Revisiting placement, LBN to review.
	[redacted] 03/12/1958 Section 2	Dr [redacted]	Admission: 15/03/17 Discharge 25/04/17	Homeless, previously sleeping on sofa of a hotel night manager Welfare officer chasing benefits to expedite HPU referral (benefits were stopped when taken into custody)	Mental state stable, awaiting housing	OT assessment recommended low support accommodation Waiting for bank statements from POST office as he does not have I.D. Chase up HPU appointment.	MHAAT referral sent 22/03/2017 – [redacted] assessed on 04/04/17; Floating support agreed.
	[redacted] 24/04/1990 Section 3	Dr [redacted]	Admission: 24/02/17 Discharge: 16/05/17	Lives with mum and dad	Remains unwell – initiating clozapine	Clinically unwell Clozapine titration	N/A

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Bed Management

Weekly bed management meeting with matrons and managers in attendance. LBN senior management and hospital assessment team in attendance. Chaired by Borough Lead Nurse and Associate Clinical Director. Borough Director or Deputy Borough Director in attendance. DToCs and requests for DSTs agreed in this meeting. Only those cases where there is a barrier to discharge are discussed.

Bed Management Meeting Minutes 15/09/2017

Ward	Name	Admission Date	Estimated D/C Date	Actions for ELFT to achieve D/C (by whom and by when?)	Actions for LBN to achieve D/C (by whom and by when?)	DToC if not D/C by date	x	D/C Date Breached? -> DToC (all must be ticked)	DToC Reason/Responsibility	ELFT	LBN	Both
Emerald		01/02/2017	29/09/2017	Depot stopped on 17/04/17. DST completed. 117 meeting was on 03/08/17. Taken off section 24/07/17. DOLS now approved. Does not require acute inpatient treatment. Lucy to forward DST to LBN. Provider assessed 30/08/17 weren't able to assess her. Referred to Angel Support on 01/09/17. Accomodation attempted to assess her but she did not engage. Brother to attempt to facilitate assessment.	LBN to make contact with Brokerage by 15/08/2017 regarding placement options available. This to take into that she may require a DOLS on Dischage. Cathy Newcomb has identified Birchwood House who have come to assess. Still awaiting feedback.	29/09/2017						
								Discharge date recorded	A (Assessment)			
									B (Funding)			
									C (Non-Acute)			
								Clinical decision made that patient is ready for transfer	D (Residential)			
									D (Nursing)			
									E (Care Package)			
								Decision Confirmed by the MDT	F (Equipment)			
									G (Choice)			
						Medically Optimised ✓			H (Disputes)			
								Patient is safe to D/C or transfer	I (Housing)			
Emerald		19/07/2017	25/08/2017	Doesn't have capacity. 117 meeting to be organised for 09/08/17. Best Interests Meeting on 22/08/17. No longer requires inpatient admission. Accepted by West Ham House. Been to visit, to visit again next week with David Ager. BM to follow up DST with GW.	Professionals Meeting due to take place on 15/08/17 also 117 Meeting to further explore risk regarding fire setting to be explored at this meeting it seems that the risk management is also partially health related and would be requesting a DST for Joint funding. West Ham House to assess on 25/08/17.	19/09/2017				ELFT	LBN	Both
							x	Discharge date recorded	A (Assessment)			
									B (Funding)			
									C (Non-Acute)			
							x	Clinical decision made that patient is ready for transfer	D (Residential)		X	
									D (Nursing)			
									E (Care Package)			
							x	Decision Confirmed by the MDT	F (Equipment)			
									G (Choice)			
						Medically Optimised ✓			H (Disputes)			
							x	Patient is safe to D/C or transfer	I (Housing)			
Emerald		12/07/2017	28/09/2017	Started on depot 26/07/17. Caused a fire in accommodation due to command hallucinations. Requested OT assessment. Flavia assessed on 08/08/17. Professionals Meeting took place on 15/08/17. RC of strong opinion that supported accommodation is needed. Give Family Mosaic expected discharge date.	Family Mosaic still deciding whether they will accept her back. Need urgent clarity on this.					ELFT	LBN	Both
								Discharge date recorded	A (Assessment)			
									B (Funding)			
									C (Non-Acute)			
								Clinical decision made that patient is ready for transfer	D (Residential)			
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Key Relationships

- Service level agreement with Local Authority Housing department to assess and offer accommodation where appropriate within 14 days. Housing officer attends the wards regularly to assess directly.
- A robust interface with LBN mental health social care with regular reviews of systems and processes. Sharing of admission information and links with no recourse worker (NRPF Connect).
- Strong links with the Home Office and 3rd sector organisations (Routes Home, Open Doors).

Top Tips

1. Senior level joint working
2. Make sure each day in hospital counts
3. Early discharge planning
4. Ensure that the services and care pathways embed the principles of choice and recovery, promoting a strengths based approach
5. Strong housing involvement
6. Clear decisions to fund placements or packages should not cause extended hospital stays
7. Robust multi agency working on validation, resolution and escalation of delays to
8. Local protocols in place to support people with no recourse to public funds (NRPF)

Over to you