Storyboard submission

1. Storyboard Title

Mental Health : Engagement in the journey to recovery

2. Brief Outline of Context

The Board recognised that services for adults with serious and enduring mental illness in Cwm Taf needed to be remodelled to meet modern standards and that the process of change needed to take service user and staff engagement to an entirely new level if this were to be successful.

The revenue resource envelope was fixed; services were duplicated across sites; lengths of stay were high; bed numbers were high; community resistance to change was high; clinical quality needed to be strengthened; and workforce / role changes were inevitable.

Whilst tremendous work had already been done to build community services, there was an over-dependence on an acute hospital inpatient model which was more focused on treatment than recovery.

3. Brief Outline of Problem

The nation wide agenda to transfer care in the community appears to have underestimated the need for services tailored to people with longer term complex mental health needs who often struggled to make best use of the available resources, (Holloway 2005). This included people who were ‘blamed for disengagement’ from community mental health services and those ‘revolving door patients’ who would present significant risk in the community or have protracted admissions in Acute services and Specialist Independent Hospitals.

In Cwm Taf this was characterised by:

- Duplication of inpatient services on 2 sites on Cwm Taf (including Psychiatric Intensive Care)
• Limited range of community mental health services focussing on assertive engagement of service users who experienced difficulties engaging in traditional Community Mental Health Teams.

• Rigid services provided between the hours of 9-5pm Monday to Friday, with an increased focus on service users attending clinics.

• A small majority of service users attributed to high use of inpatient services and protracted lengths of stay, resulting multiple beds being blocked.

• Commissioning a higher than average proportion of Specialist Rehabilitation services from the independent sector, e.g. High Level supported accommodation, Inpatient Rehabilitation and Low Secure accommodation.

• Financing of these placements placed increasing strain on the Health Boards financial position.

4. Assessment of Problem and Analysis of its Causes

The impact of all of the above resulted in:

• poor quality of life, increased stigma associated with mental illness and social exclusion in the community.

• Individuals becoming disengaged from Health and Social services placing them and others at increased risk of self neglect and violence.

• Limited opportunities to regain a meaningful and satisfying life.

Quality of care in the Independent sector was inconsistent, costly, and with limited governance arrangements and protracted admissions to Specialist Independent hospitals resulting from inadequate review from locality services and the absence of step down facilities.

It was clear that we had to move from a mindset and model which was focused on TREATMENT to one of RECOVERY where hospital admission or long-term placement is a last resort.
5. Strategy for Change

**True Engagement** underpinned the strategy for change. Unlike traditional models of design then consultation, an open dialogue building the story and solutions with service users, staff, the CHC and the general public took time but meant that when we ultimately moved to public consultation, the model was owned by stakeholders and the consultation outcome whilst potentially controversial, was delivered in full.

Almost no part of the service remained “untouched” with key components being:

- Establishment of Clinical Placement Panel to coordinate and evaluate externally funded Specialist placements and dedicated transitional workers to support the repatriation programme.
- Establishment of a Supported Recovery Unit (with extensive staff training)
- Expansion of Multidisciplinary Assertive Outreach Teams providing a 7 days service.
- 25% reduction in acute inpatient adult mental health beds and co-location on a single site in Cwm Taf

6. Measurement of Improvement

Level of engagement was measured in Assertive Outreach services using the Hall’s engagement measure.

Evaluation of bed days used by those service users referred to Assertive Outreach services.

Patient satisfaction surveys across Assertive Outreach services and Inpatient Rehabilitation services.

Patient stories were collated encouraging service users to share their experiences of Rehabilitation services.

Both community and Inpatient Rehabilitation services have recently commenced a one year pilot of the Recovery Star outcome measure to improve engagement and implementation of the Recovery model.

Improved monitoring and engagement with Independent sector through dedicated Transitional Nurse roles, allowing for timely and
effective transfer of care arrangements back to local NHS Third sector provision.

Significant reduction in Continuing Health Care expenditure.

7. Effects of Changes

More effective use of Acute services. We have seen a significant in-patient length of stay reductions with the assessment ward having an average length of stay of circa 5 days before moving on to short-term treatment wards. Importantly, where our admission wards were once working at full capacity, we now have occupancy levels below 80%.

Crisis intervention and home treatment teams, based on DGH sites with a close link with A & E, have made a significant contribution to the model. From October 2012 to December 2012 the percentage of assessed referrals which were admitted reduced from 20% to 12%, well below the NHS benchmark of 30%. Thus an average 9 out 10 referrals to acute services receive prompt and high quality interventions at home and not in a hospital bed.

Enhance patient journey and improved outcomes, through effective use of Inpatient Rehabilitation services. We have seen no adverse effect on a number of clinical governance indicators.

Services provided within localities, promoting social inclusion and improved quality of life.

Proactive family intervention and support services.

Enhanced access to psychological therapies in line with Nice Guidance for Schizophrenia.

Improved financial position supporting further confidence investment in service improvement. We set ourselves a financial savings target for 2012/13 of 1.3m; at Month 9 we are on target to surpass the target by over 500k.

8. Lessons Learnt

Protected staff development time.

Greater appreciation of the challenges working with service users with complex needs over longer periods of time.
Local authority involvement, to develop range of supported step down accommodation.

Vocational Rehabilitation, sheltered employment options.

9. Message for Others

Recovery can be seen as a personal process which includes overcoming the challenges that illness brings. It is a process of evaluating what is meaningful to the person, working with their strengths to build satisfying and productive lives.

Cwm Taf Health Board has developed a service which embraces hope and optimism for its services users, providing high quality cost effective services closer to home and family. Rehabilitation services recognise the needs of individuals and provide a range of services to support personal development and recovery from serious mental illness.

“I never thought I had a future before – I felt a bit like a ‘washing machine’ going round and round, spinning out of control. But now I have future and something to look forward to”, (anon service user).

True engagement really works and means that what might seem impossible can be delivered!