Next Generation Care

Berkshire Healthcare NHS Foundation Trust

ITEM 47:00

Objectives
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Principles
Improvement Opportunities
Work Streams
Stakeholder Engagement
Next Steps

Objectives

1. To improve the quality of services provided
2. To manage the increased demand for services
3. To improve productivity and deliver savings of £12mil

Approach

Work Streams
Multi disciplined teams - all services and all localities
Analysis & options
Process mapping
Consultation, sense checks & Stakeholder involvement
Proposals

Principles

Recovery focus
Self Determination and choice
Prompt, courteous and effective
High quality care and outcomes matter, not teams
Set high expectations and appreciate high performance
Creative and innovative
Collaborative team based approach
Easy to find, get help, navigate and understand

Improvement Opportunities

>> Patients and Carers say

- We are messed about and sent from service to service
- We give the same information too many times
- We do not always feel heard and understood
- We are not sure who is responsible for our care
- Sometimes there is no help available for us
- Sometimes we have too many appointments, but when we really need help we cannot get any

>> Referrers Say

- It can be difficult to get simple advice
- The system is too complicated
- Referral criteria are unclear or sometimes too rigid
- It can be hard to get a person to the right service
- Sometimes no service fits
- Services hold on to patients for too long
- There is inconsistency in the services being provided

Work Streams

Eight work streams have reviewed delivery of services and four have looked at service support -

Common Point of Entry
Care Pathway Co-Ordination
Urgent Care Services
Older Adult Services
Reduction in "Do not Attends"
Specialist Services
CAHMS Services
Inpatient options

Technology

Workforce Plan

Estates

Culture & Values

Each work stream has produced proposals for how services could operate which details –

Current Situation	*– summary of as is which clearly describes the current service delivery*
New Service Design	*– summary of 'to be' which clearly describes how the services will be delivered in the future*
Benefits	*– summary of financial and non financial benefits the new service model will deliver.*
Feasibility Assessment	*– a summary of the delivery feasibility against a list of relevant criteria or other options*
Stakeholder Engagement	*– a summary of the stakeholder engagement, support and an engagement plan*
Change Plan	*– a high level plan of the proposed next steps and delivery requirements for the new design*

Common Point of Entry

- Single entry team for all services
- Works alongside IAPT
- Registers all referrals at source
- Centrally coordinated assessment delivered locally at time and place of choice
- Offers choice to interface to referrer – letter, telephone, web based, email

- 24 Hours of Operation 5 days a week
- CPE team 8.00 am to 9.00 pm Monday to Friday
- Out of Hours handled by Urgent Care service
- Referral acknowledged to person within 24hours
- Person contacted to discuss arrangements for assessment appointment with 24 hours
- CPE assessment will include Diagnostic Formulation and Risk Assessment

- Outcome matched to referral criteria of intervention pathways/ treatment teams
- CPE team manage service user until treatment team allocate care co-ordinator and appointment
- Transferred to Treatment and Recovery Group within 7 days of assessment
- Pathway Group agrees Treatment and Recovery plan with person

- ✓ Improved service user experience
- ✓ Improved interface with referrers
- ✓ Reduced complexity of multiple entry points
- ✓ Increased choice of referral interfaces
- ✓ Improved quality & speed of referral
- ✓ Reduced duplication of records
- ✓ Reduced number of multiple assessments
- ✓ Improved signposting
- ✓ Improved access to treatment pathway

Care Pathway Co-ordination

- Every Service User to be allocated a care coordinator (Case Manager) to oversee delivery of care
- Delivery of a seamless, fluid service by a Multi-disciplinary team inc specialities
- Delivery of evidence based interventions
- Collaborative approach in identification of treatment outcomes
- Outcome focused using a Recovery Model approach with service user a heart of process

- Service delivered 5 days a week 8:00am to 9:00pm by Core Team with Urgent Care Services covering out of hours
- Single team, either Locality or Hub/Spoke based, delivering a range of functions
- Acceptance of the recommendation of CPE and allocation within max 7 days to a named worker

- Psychological therapies delivered and embedded within locality team
- Early Intervention in Psychosis and Assertive Outreach to be embedded
- Allocation of 'Case Manager'
- Collaborative approach in identifying interventions available within team
- Agree initial treatment "contract" based upon individually defined outcomes
- Use Recovery Star or Wellness Recovery Action Plan as part of interventions
- If crisis develops, involve Urgent Care Service and develop joint plans
- Co-ordinate involvement with specialist services
- Liaison with partner agencies and Primary Care to support discharge

- ✓ Personalised interventions that are outcome focussed and locally delivered
- ✓ Reduction of Do Not Attends
- ✓ Recovery Star or Wellness Recovery Action Plan as part of interventions
- ✓ Reduction in level of multiple assessments
- ✓ Coordination of all care and interventions
- ✓ Liaison with partner agencies and Primary Care to support discharge
- ✓ Improved equity and consistency of service across Trust

Urgent Care Services

- oversees community and inpatient urgent care
- encompasses Crisis Response, Home Treatment, A&E liaison and acute inpatient provision
- management of Urgent Care Service across Berks
- Locality ‘allocation’ of beds would serve as a guide, allowing flexibility of usage
- A consistent threshold for admission with parity across the service

- It will provide immediate multi-disciplinary, community based treatment for people with acute mental health problems for whom home treatment would be appropriate to promote recovery from the crisis, 24 hours a day, 7 days a week
- It will provide a rapid response to a crisis when necessary and frequently offer daily visits
- At admission length of stay, care plan and exit strategy identified
- As an alternative to admission the urgent care (community) service exists to offer more frequent and intensive input than the usual community services would normally provide
- People experiencing acute mental health difficulties should have the help they need in the least restrictive environment possible, with the minimum of disruption to their lives. For this reason this should be at their home rather than in hospital
- The majority of service users and carers prefer community based treatment and achieve good clinical and social outcomes

- In-patient services are an integral part of a care pathway for people who are so vulnerable that they require a 24 hour supervised environment where they can receive compassionate care and treatment to meet their mental health needs
- Offers therapeutic containment due to risk and intensively monitored assessment and treatment
- They serve as a fundamental resource to support the use of the Mental Health Act
- Four acute admission wards with roughly the same number of beds as each other, within Trust services

- ✓ Improved bed coordination allowing appropriate admission and discharge
- ✓ Improved liaison across Urgent Care and Pathway Coordination Teams facilitating better case management
- ✓ Discharge from inpatients to Home Treatment Team for minimum of 7 days
- ✓ Consistent service across the county

Decrease in Out of Area placements

Older Adult Services

>> Gradual programme to re-deploy current day hospital services

- Time-limited assessments, sessional day treatment and education courses
- Enhanced specialised Community Mental Health Teams
- Specialised Home Treatment Teams
- Multi-professional Memory Clinics

>> “Memory Clinics every major town”

- Standardised assessment: Nurse led: (60%) Psychologist led: (15%) Psychiatrist led: (25%)

>> Day Therapy Services

- Sessional group programmes to Include Cognitive stimulation, Memory enhancement
- Mindfulness, Carer education, support & training

>> Home Treatment Team

- Specialist Older People’s Mental Health Service delivering urgent home-based care and support 365 days of the year

>> Community Mental Health Team

- Enhanced services to provide home-based input
- Support to carers
- Close links with Older People’s HTT

- ✓ Reduced admissions
- ✓ More contacts
- ✓ Meet increased demand
- ✓ Home / community treatment
- ✓ Comprehensive memory clinics
- ✓ Enhanced 3rd sector role

Technology


1. To raise workforce IT competency
5. Access to IT Training & Change Management
2. To enable a mobile and agile workforce
Mobile community working with RiO
Connecting People Together
Improving work flows & turnaround times
Improving clinical record keeping
Remote VPN/Wireless
VOIP / Presence
Digital Dictation
Digital Pens
3. To enable information sharing and collaboration
Facilitation of clinical meetings & interactions
Integrated view of health and social care information
Managing a flexible Workforce
Effective use of national solutions
Video Conference
Integration & Middleware
Electronic Rostering
NHS SCR, CAB, NHSMAIL, MoM
4. To improve service delivery using technology
User led support networks
Computer aided Cognitive Behaviour Therapy
Technology to enable people to live at home longer
Providing services out in the community
Portals, Forums
Elearning
Telehealth
Video Conference
Supporting Carers & Family
Reduce DNA using SMS reminders
Managing Primary Care Referrals
Improving access to services
Business View
IM&T enabler
Portal & Elearning
SMS
Portal, Choose and Book
Web & Digitv

Stakeholder Engagement

July	Stakeholder Days	Governors, Interest Groups, Service Users, Directors of Social Services, GP representatives, Commissioners, senior Service Managers, Trade Unions, Staff
August	Staff Engagement Events	Fifteen events attended by 322 staff providing 750 inputs. 72% response rate to feedback which rated events at 3.1 out of 4.
September	BHFT Governors & Members	Stands and presentations at AGM
September	Directors of Social Services	Presentation of proposals
September	BHFT Executive	Star chambers and review of proposals
October	Service Users & Carers	Three events in Reading, Bracknell and Slough to walk through proposals from service user perspective. Two events held.
October	Local Authorities	Meetings with each LA to review proposals and understand LA changes. All planned, 1 held.

Next Steps

Good progress to date
Consultation and engagement phase
Finalisation of proposals
Approvals
Implementation planning
Delivery from April 2011