

South Woodham Ferrers Clinical Model Transformation

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Strategic Background

Review of Essex mental health services

Mental Health Five Year Forward View & Southend, Essex & Thurrock Mental Health Strategy

"By 2020/21, adult community mental health services will provide timely access to evidence-based, person-centred care, which is focused on recovery and integrated with primary and social care and other sectors."

Commissioners want:

Earlier and more effective intervention

Reduction in premature mortality of people with SMI

Integrated approach with primary care, social care and other local services

Strategic Background

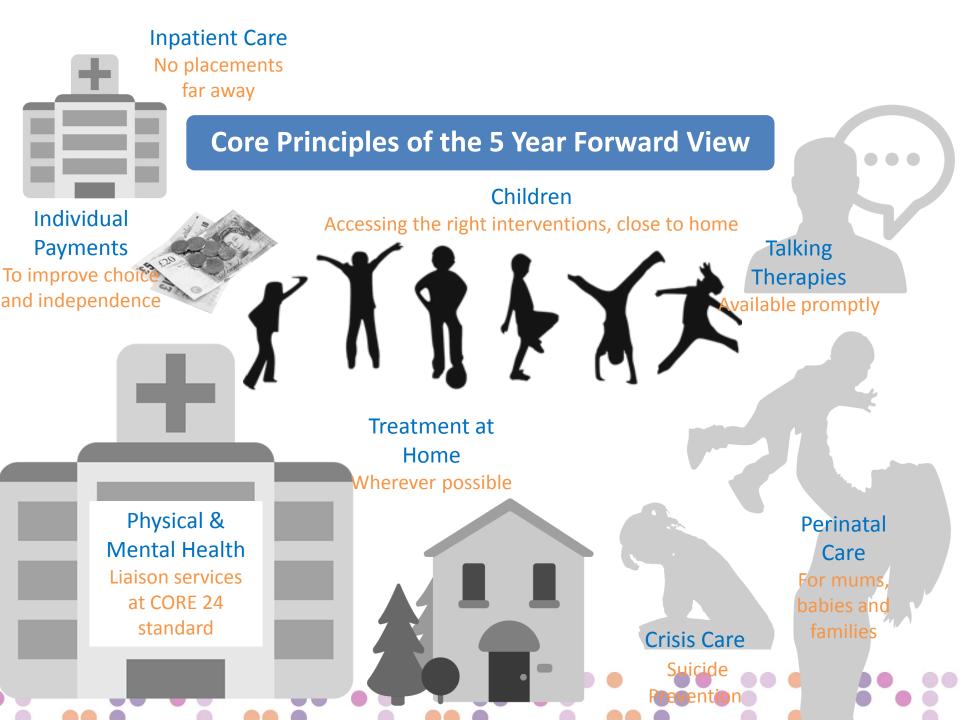
Five Year Forward View

Essex MH Strategy

MH Delivery Plan

MH Workforce Plan





MH Workforce Plan

- Transforming Workforce
 - Apprenticeship
 - High Intensity Workers etc.
 - Low Intensity Workers
 - Physicians Assistants
 - 21,000 additional staff by 2021
 - 6,000 retained over next 3 years

Primary Care: Our ambitions are:

- Reduce escalation to secondary care
- Establish community alliances, integration, collaboration and co-working
- First line crisis response
- Joint assessment & initiation of treatment in primary care
- Rapid access secondary care services
- Emergency assessment
- Phase out outpatient model
- New roles / ways of working
- Increase use of technology

Key features of new model

Enhanced Primary Care Model

- Step down from secondary care recovery pathways
- Common mental health presentations treatment pathways
- Psychiatric Liaison/consultation offering advice to GP's etc.
- Building alliance with voluntary sector
- Input into Integrated Primary Care Team

Mental Health Primary Care Team

Integrated Primary Care Team

Clinical Health Psychology

- Long Term Conditions
- Medically Unexplained Symptoms
- Integrating community and acute physical services (such as Stroke, COPD, Diabetes) in care plans, through step-up and down

- Co-morbid mental health and physical health conditions
- MDT input from mental health
- Joint work around dementia and dementia diagnosis
- Develop work streams in collaboration with Community (Physical Health) teams

Dementia & Frailty: Our ambitions are:

- Rapid access to diagnosis
- Improved diagnostic against prevalence rates
- Develop primary care diagnosis
- Acute hospital liaison
- A formulated framework for integrated pathway working health, social care, third sector
- Consistent crisis response, enhanced interventions, Home First
- Real time response to GPs reducing crisis escalations
- Consistently planned and purposeful inpatient admissions
- Reduced length of stay
- Timely and appropriate support, to carers "Live Well"
- Reduce inpatient admissions all admissions gate kept
- Reduce length of hospital stay all stays planned, purposeful and time limited.

Personality Disorder: Our ambitions are:

- Integration with IAPT and other primary care services
- Evidence based interventions and Enhanced self care
- To provide a new staff training programme to help diagnose personality disorders and provide the right care and treatment in a timely way.
- Multi agency approach to managing frequent users of services
- Remodel the current psychotherapy service
- Inclusive of partners social care, 3rd sector, police, ambulance, GPs, IAPT, etc.

Our ambitions are...cont'd

- Skills mapping and treatment provision
- Providing treatments throughout services, rather than through a specialist referral pathway
- Development of a Service User Network
- Matched care rather than stepped care
- Modularised interventions
- Telehealth and mobile working
- First Level Interventions
- Specialist interventions
- Other PD interventions
- Trauma-focused therapy

Urgent Care & Inpatient: Our ambitions are:

- **Emergency Response** Core 24/7 Mental Health Suites
- Home First (Gatekeepers) Ensure Home First Teams are adequately resourced to offer intensive 24/7 home treatment & social support as an alternative to an acute inpatient admission.
- Reduction in Length of Stay Safer care principles/Red2Green
- Enhanced MDT Therapeutic Pathway formulation, NICE care pathways
- Personality Disorder Pathway Assessment Unit Model
- Out of greater Essex Eliminate the practice of sending people out of area for acute inpatient care due to local acute bed pressures – Assessment Unit Model

- A new Assessment Unit will provide a single point of admission to bed based services for North of Essex for informal admissions
- The Trust will reconfigure existing estate to identify an appropriate setting in which to open an Assessment Unit in the North of Essex
- Detained patients will be admitted in the usual way to treatment wards = less informal patients on treatment wards.
- The above measures will contribute significantly to achieving a significant reduction in out of area treatments by the end of the first 6 months of operation.
- Once the Home First/ Assessment Unit model is embedded, there will be a significant reduction in admissions and the need for beds 2019/20?