Health Scrutiny Committee – Topic Group

Background
The Transformation Journey so Far

Jess Lievesley Executive Director of Delivery & Service User Experience
Transformation Consultation 2010

Transformation Plan for Inpatient Services

• Development of modern, safe, therapeutic inpatient environments
• Environments which reflect the standards set by the University of Stirling for dementia environments
• Age appropriate and frail functional provision
• Reduced inpatient bed base – decreased LoS
• Smaller ward sizes
• Vacating General Hospital sites (Lister and QEII, Watford)
• Geographic spread of provision
• Distinct and focused services
Delivery of Inpatient Provision for Older People

- 2014 – Kingfisher Court opens – wren ward, frail functional provision
- 2015 – Seward Lodge major refurbishment – organic assessment and treatment beds
- 2016 – Lambourn Grove major refurbishment – organic complex Continuing Healthcare beds
- 2017 – Logandene major refurbishment – organic assessment and treatment beds
- 2017 – Victoria Court upgrade - organic complex Continuing Healthcare beds
Continuing Healthcare (CHC) Strategic Vision - 2013

- Delivering a model of care to meet the needs of the local population
- Dedicated and specialist CHC inpatient provision
- Royal College of Psychiatrists – movement of CHC independent sector with retention of specialist NHS Trust provision for highly challenging behaviour
- HPFT focus on direct provision for individuals with the most complex/challenging CHC need
- Less complex CHC to benefit from independent sector community based provision
- Greater choice and equity in geographical locality and provider
- Transfer of Non complex CHC to independent sector placements
- Transfer principles guidance established and applied in all cases
- Move once principle upheld in all cases
Current Service Provision

Community Based Specialist Mental Health Teams for Older People

- Early Memory Diagnosis & Support Service (EMDASS)
- Specialist Recovery, Therapy and Support Service
- Crisis Mental Health Services – organic & functional

Mental Health Inpatient Provision for Older People

- Frail Functional Assessment & Treatment
- Organic Assessment & Treatment
- Primary Mental Health need Continuing Healthcare

Our Values
- Welcoming
- Kind
- Positive
- Respectful
- Professional
Current Inpatient Service Position

• Frail Functional (mental illness beds) 16 beds @
  ➢ Wren ward, Radlett

• Dementia Complex Continuing Healthcare 2 x 24 (48) beds @
  ➢ Lambourn Grove St Albans & Victoria Court Stevenage

• Dementia Assessment & Treatment 3 x 16 (48) beds @
  ➢ Logandene - Hemel Hempstead
  ➢ Seward Lodge - Hertford
  ➢ Prospect House – Watford (closed for refurbishment – beds transferred to Stewarts Harpenden temporary site)
Modernising Specialist Mental Health Dementia Services
The case for change
Sandra Brookes Deputy Director of Delivery and Service User Experience
Managing Director of East and North Strategic Business Unit
Prime Minister’s Challenge on dementia 2020; Wherever possible we should avoid people with dementia having to go into hospital through better local provision of community services, education and training.

..there should be opportunities for the development of new models of in-reach support to care homes, with the care homes, GP’s and health and social care professionals working together to improve the quality of life and reducing inappropriate admission to hospital for people with dementia.

Dementia NICE guideline 2018; Wherever possible we should avoid people with dementia having to go into hospital through better local provision of community services, education and training.
“If services provided by the Trust for people with dementia do not change they will face increasing difficulty in meeting demand. The prevalence of dementia in Hertfordshire is set to increase by 31% over the next 10 years. Unless there are new treatments and/or changes to service provision many people will find it difficult to access community, short term inpatient or longer term continuing care.”

Mental Health Strategies – Independent Health Analysts - Nov 2017
Case for Change

- Very high Inpt lengths of stay – long waits for service users stranded in the system
- Continuing Health Care (CHC) assessment process taking too long
- Increased demand for existing services
- Not enough of the right provision to avoid the need for admission to both HPFT and Acute Hospital care for people with dementia
Operating Model & Service User Profile

- Short stay assessment and treatment ward for people with dementia
- Acute psychiatric ward environment
- Ward is focused on assessment and treatment for people with dementia who are experiencing behavioural and psychological symptoms of dementia
- May have been previous contact with specialist community mental health team for older people including crisis team
- The service user will be at risk to themselves or others, and it is therefore inappropriate to treat them in their preadmission environment
- On completion of their treatment we aim to place the service user in the least restrictive setting
Case for Change – Inpatient Model Modernisation

- Avoiding Long Hospital Stays Policy
- Red 2 Green model
- Safe care system
- Big 5 focus & Long Stay Wednesdays
- Daily & weekly systems teleconference
- Focused & purposeful mental health admissions
- Estimated dates of discharge
- Dedicated Social Work
- Improved CHC assessment
- Zoned Observation

= Better outcomes & reduced use of inpatient beds
HPFT have already committed to make the investment in community services proposed because:

• The existing model cannot sustain the needs of the population – therefore no change is not an option
• The strength of evidence and belief that people with dementia are better cared for in a familiar environment and hospital admission should be avoided wherever possible
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Proposals
Continuing the Transformation of Services for People with Dementia
Michael Henderson Senior Service Line Lead East and North Strategic Business Unit
Proposal Strategy

• No option for Inpatient focused model to remain, as the need for beds will only continue to increase without other changes
• Improvement in community services is needed to avoid hospital admissions
• A reduction in dementia assessment beds can be achieved with increased community support and with modernisation of the inpatient pathway
Proposal Strategy - Funding

Prospect House closure – 16 bed reduction
Part re-investment of revenue budget to fund improved specialist dementia support:
- £404k investment (34%)
- £791k saving
Proposal 1 - Develop a CHC Team

• Dedicated team of nurse assessors
• Assess not just in hospital, but support assessment at home or in residential and nursing care
• Impact:
  ➢ Reduce admissions to all hospital care
  ➢ Reduce lengths of stay
  ➢ Support discharge to assess
Proposal 2 - Improve Hospital Avoidance for People with Dementia in Nursing Homes

Targeted support to nursing homes working with people with dementia:

- Non pharmacological interventions for behavioural & psychological symptoms of dementia
- Dementia Mapping
- Training
- Liaison
- Medication Review
Proposal 3 – Increasing use of Assistive Technology

Examples include:
• "Just Checking" systems – analysis by trained Occupational Therapist & involvement of carers
• GPS Locators – helps with people who wander
• Talking Door sensors – helps with orientation and prompts
• Stand alone pager systems – alerting carers
Proposal 4 – Restructure Crisis Services

- Develop a structure that aligns more closely to existing 24/7 services.
- Develop a continuum for crisis services focussed from hospital avoidance to hospital admission to swift discharge.
- Flex resources across Crisis and In Patient services based on need.
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Stakeholder Engagement
Who have we engaged with?
What have we learnt from stakeholders?

Sandra Brookes
Who have we engaged with?

- 9 Sept – Mental Health GP Leads
- 4 Oct – HSC members visit to Logandene
- 17 Oct – Adult Care Services Board
- 22 Oct – Stakeholder Event
- 31 Oct – Care Home Provider Event
- 22 Nov – Carers in Herts

Attended:
- Carers in Herts
- Alzheimer's Society
- Age UK
- Herts Care Providers Association
- Herts County Council
- Turning Point
- HV& EN CCG’s
- GP Leads
- Hospices
- Care Home Providers
Stakeholder Engagement - Feedback

- Requires support and change from partner organisations
- Care Home sector is fragile
- Care Homes do not feel prioritised or supported
- Process barriers to support
- Need better support pre crisis & in a crisis
- Care homes want specific dementia training
- No viable alternative to A&E out of hours
Stakeholder Engagement - Feedback

- CHC process is long & uncoordinated
- More help is needed from professionals with behaviour
- Multidisciplinary team approach for challenging needs
- Could council day care and respite be better used?
- Technology is good but doesn’t replace care
- Proposals are supported - With assurance that investment remains in front line intervention
Stakeholder Engagement - Learning

Increased support for struggling care homes:

- MDT approach
- Investment to working alongside care staff
- On site training
- Information – Care home pathway
Stakeholder Engagement - Learning

Support in a crisis:
- Crisis plans already in place
- 1 phone call
- Responsive and timely
- Listen to care staff as experts
Stakeholder Engagement - Learning

Continuing Healthcare:
- Dedicated CHC nurse assessor – Inpt & community
- Assessment in familiar environment
- Aim for completion within 28 days
- Minimum annual review
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HPFT Proposals in the Wider Health and Social Care Economy
Consultation with and alignment of agencies

Emma Williams Senior Commissioning Manager Mental Health IHCCT
David Evans Director of Commissioning Herts Valley CCG
• Emma Williams to provide slides
Meeting the Needs of the Local Population
Matching specialist dementia capacity in the community against the proposed reduction in dementia assessment and treatment beds

Michael Henderson
Projected Growth - Numbers of People in Hertfordshire with Dementia
Number of Admissions per Year

2016/17

• 166 admissions to dementia assessment and treatment beds
• @14 per month
Number of people diagnosed with dementia = 9,217
Number of people estimated undiagnosed = 4,512
Total estimated number of people with dementia = 13,729

Number of people admitted to dementia assessment & treatment beds per year = 166
1.2 % of people with dementia are admitted to a dementia assessment and treatment bed per year
No Change to Model - Forecast of Dementia Bed Use Over the Next 5 Yrs

Mental Health Strategies

![Graph showing the forecast of dementia bed use over the next 5 years. The graph indicates a steady increase in caseload from 01/03/17 to 01/03/21.]

- **Mean** caseload
- **Capacity**
### Beds Required for A&T Dependent on Lengths of Stay

<table>
<thead>
<tr>
<th>Average Length of stay</th>
<th>Occupied Bed days</th>
<th>Occupied Bed days saved</th>
<th>Beds Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on 166 dementia admissions for 2016/17 – provision of 48 beds</td>
<td>16,102</td>
<td></td>
<td>44.11 beds</td>
</tr>
<tr>
<td>97 days</td>
<td>16,102</td>
<td></td>
<td>44.11 beds</td>
</tr>
<tr>
<td>Reduced to 76 days (national average)</td>
<td>12,616</td>
<td>3,486</td>
<td>34.56 beds</td>
</tr>
<tr>
<td>Reduced to 69 days</td>
<td>11,454</td>
<td>4,648</td>
<td>31.38 beds</td>
</tr>
<tr>
<td>Reduced to 62 days</td>
<td>10,292</td>
<td>5,810</td>
<td>28.19 beds</td>
</tr>
</tbody>
</table>
Potential to reduce bed requirements based on increased community support

<table>
<thead>
<tr>
<th>Dementia crisis admission reduction %</th>
<th>Number of admissions prevented per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>16.6</td>
</tr>
<tr>
<td>20%</td>
<td>33.2</td>
</tr>
<tr>
<td>25%</td>
<td>41.5</td>
</tr>
</tbody>
</table>
Average Length of Stay Benchmark (functional and organic) 2016/17

Older Adult Inpatient Average Lengths of Stay Excluding Leave - Mean length of stay (excluding leave)
Dementia Length of Stay  2016 - 18

Dementia Length of Stay
(median average on discharge)
## Dementia Re-admissions

Admissions to Logandene, The Stewarts & Seward Lodge;

<table>
<thead>
<tr>
<th></th>
<th>April 2017 – March 2018</th>
<th>April – Sept 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>122</td>
<td>64</td>
</tr>
<tr>
<td>Discharges</td>
<td>110</td>
<td>72</td>
</tr>
<tr>
<td>Re-admissions</td>
<td>3 (2.7%)</td>
<td>1 (1.3%)</td>
</tr>
</tbody>
</table>

Hertfordshire Partnership
University NHS Foundation Trust

Our Values
Welcoming Kind Positive Respectful Professional
# Dementia Re-model - Optimisation

<table>
<thead>
<tr>
<th>Change Forecast</th>
<th>Optimised Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction in CHC assessment time due to dedicated CHC team</td>
<td>75%</td>
</tr>
<tr>
<td>Reduction in Length of stay due to improved inpatient operating model</td>
<td>62 days</td>
</tr>
<tr>
<td>Care Home Support Provision &amp; Improved Crisis Support – reduction in admissions</td>
<td>10 - 15%</td>
</tr>
</tbody>
</table>
Optimised Dementia Re-Model 32 Beds

Mental Health Strategies
Bed Balance, Dementia Prevalence and Community Model Impact

Reduction in dementia beds due to improved length of stay

2016/17 - Average LoS = 97 days
Required 44.1 beds

2017/18 - Average LoS = 75 days
Required 34.1 beds

2019 - Average LoS 62 days
Required 28.1 beds

Aim
Average LoS 62 days
Requires 28.1 beds

Decreasing admissions resulting from improved Crisis Intervention and Care Home Support

2021
15% reduction in admissions = 29 beds required

2025
20% reduction in admissions = 30 beds required

2019
10% reduction in admissions = 28 beds required
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Summary of Proposals and Plans

Sandra Brookes
Building The Future Model

- Dementia A&T
- 32 Beds
- Dementia Crisis Teams
- Dementia Care Home Targeted Support
- Collaboration with care Homes HCPA
- General Hospital Admissions
- Dementia Continuing Healthcare beds
- Dedicated Continuing HealthCare Team
- Assistive Technology
Current Position

- Impact of modernised Inpt care has resulted in decreased LoS and consequent reduced use of Inpt beds with no specific impact on the wider system
- Changes already in process to CHC assessment as an imperative
- HPFT are committed to make the investment in community services proposed
Onward Plan

- Nov 2018: Trial crisis modelling
- Dec 2018: Develop assistive technology offer
- Jan 2019: Recruit to CHC team
- Feb 2019: Recruit Care Home Support team, Care Home Provider 2nd event
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Thank You