ITEM 7(v)

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

North Yorkshire & York Locality

Hambleton & Richmondshire MHSOP & AMH Services

OSC Review for North Yorkshire CCG

Naomi Lonergan - Director of Operations North Yorkshire and York

making a difference together

1.0 Introduction

This report provides an update on the progress made in Hambleton and Richmondshire to implement the new enhanced community model for AMH and MHSOP and present the current inpatient activity for 2020/21 position at 31st October which shows a positive impact to reducing hospital admissions and reducing the length of stay which is exceeding the planned 20% reduction.

2.0 Background

Following the outcome of public consultation (Summer 2017) about adult and older people's Mental health services in Hambleton and Richmondshire, the Governing Body of NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) approved the recommendation to close inpatient mental health beds at the Friarage Hospital. Enhanced community and crisis services would be provided and inpatient care would be accessed when necessary in identified alternative in patient wards.

The key benefit in making this change would be for more people to receive mental health care and treatment closer to their home, reducing the number of inappropriate admissions and to facilitate and support early discharge, reducing the length of time people stay in hospital.

3.0 MHSOP - Progress to date

From 1 March 2019 the MHSOP enhanced community model became operational. This has allowed the service to provide treatment closer to home and prevent unnecessary hospital admissions by delivering a 7 day week 8am – 8pm service.

A review of the team's progress after 6 months revealed that the majority of work undertaken between 5pm and 8pm had been non patient facing, with staff mainly using the time to do administrative work. We therefore agreed with CCG colleagues to make an interim change to the teams working hours. Since December 2019 the team have continued to maintain 7 day working in order to be able to provide intensive support and facilitate hospital discharges and respond to primary care colleagues throughout the week. However, working hours have been adjusted to 8am - 5pm Monday to Thursday, 8am – 8pm Friday to Sunday.

No detrimental impact has been identified since this interim change of hours, and there have been benefits in terms of weekday availability to attend MDT meetings, increased opportunities for caseload management with clinical leads and liaise with primary care and social care colleagues.

We planned to seek feedback from GPs in May 2020, but due to the Covid 19 pandemic this did not happen. The team have continued to operate under the revised hours in the meantime. No issues or concerns have been raised in relation to the change of hours including any detrimental impact on inpatient admissions or length of stay in hospital.

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In the original model we looked at the community team skill-mix to include additional medic time and physical health roles. We have increased the skills within the community team by training staff in non-governed psychological therapies, and incorporating physiotherapy, pharmacy and dietetics into the community model. We have also improved the physical health monitoring of patients in our service with roles dedicated to this. In addition, we have appointed a social worker to the team who will be facilitating a virtual 'Steps to Recovery' group in addition to working with individuals and families in the community and providing —discharge liaison support where in-patient treatment is appropriate. Physiotherapy staff have also developed a virtual group physical health intervention and both groups will be evaluated after the first programme is completed.

CMHT staff aim to complete all initial assessments in person, however it is now routine to offer remote consultations via Attend Anywhere video conferencing, where this is appropriate for follow up appointments and provided this is acceptable to the patient. Feedback around consultations via Attend Anywhere has been largely positive. This has allowed patients to avoid unnecessary journeys and family members living at a distance have been able to participate in care planning discussions and this has enabled staff to use their time more efficiently.

The aim was to reduce the length of stay for Hambleton and Richmondshire patients by 20% from a base line of 69.38 bed days (2016/17 data). Patients requiring inpatient treatment would access a total of 5 MHSOP functional beds in West Park Hospital (Darlington) for Richmondshire patients or Roseberry Park Hospital (Middlesbrough) for Hambleton Patents and 2 MHSOP Organic beds in Hamsterley and Ceddesfeld at Auckland Park Hospital, Bishop Auckland. These wards would be considered as the 'home wards' for Hambleton and Richmondshire patients. Unfortunately, urgent rectification works have been required to the inpatient wards in Roseberry Park Hospital (RPH) and since the planned closure of the wards at Northallerton admissions for all MHSOP patients from Hambleton and Richmondshire have been directed to West Park and Auckland Park Hospitals. This arrangement will continue until the wards fully re-open at Roseberry Park Hospital. Progress is being made at RPH with Block 5 handover projected for the 7th May 2021. Upon handover there will be some recommissioning work needed with the expectation beds will be back at RPH first week in June 2021.

3.1 MHSOP Inpatient activity Q1 2020/21 review

Table 1 provides MHSOP admissions and Length of Stay (ALOS) for 2016/17, 2017/18 and 2018/19. It updates the 2019/20 data to provide the full year end position and provides the 2020/21 year to date position (to October 31st).

Between 1st October 2019 and 31st March 2020 there were 17 admissions in total which is an increase of 30% in comparison to the 13 admissions seen in the same 6 month period for 2018/19. However over the full year 2019/20 there is a year on year reduction in admissions of approximately 24% when compared against 2018/19. Hambleton saw the most pronounced fall in admissions over this period with a year on year reduction of 50%. Overall 2019/20 MHSOP admissions were approximately 35% (19 admissions) down on the 2016 baseline. 2020/21 ytd has seen 13 admissions across Hambleton and Richmondshire with 3 in Q1 (9 in Q1 19/20), 6 in Q2 (9 in Q2 19/20) and 4 in Q3 to Oct.31st (3 in Q3 19/20 to Oct.

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31st). In total in 2020/21 ytd there have been 13 admissions compared to 21 for the same period in 2019/20.

Of the 17 admissions in Q3/Q4 2019/20, 8 patients accessed the identified home wards however due to bed pressures across the whole inpatient system the other 9 patient's accessed Trust beds in York (5), Scarborough (1) and Harrogate (3). Of the patients not receiving care on the identified 'home wards' a maximum of 2 patients choose not to be repatriated with the remaining patients transferred back to the identified 'home ward' as a priority, once a bed was available.

Patient average length of stay for the full year 2019/20 shows a reduction of 27% across 31 discharges when compared to the 2016/17 position. The ALOS for Q3 was 43.67 with 3 discharges and for Q4 was 61.56 with 9 discharges (Q4 ALOS included two discharges with LOS exceeding 90 days, 106 and 144). Current 2020/21 YTD ALOS for Hambleton & Richmondshire patients based on last 15 discharges is 61.67 days, (Q1 there were 5 discharged with an average LOS of 75.8 days and in Q2 we saw 7 discharges with an average LOS of 37.57 days. 2020/21 YTD shows three patients with an LOS exceeding 90 days (170 in Q1 and 91 and 137 in Q3 to date).

Q3 and Q4 2019/20 had only 1 readmission within 30 days of discharge (1 in total across 2019/20) and 2020/21 YTD has seen no readmissions within 30 days of discharge. This illustrates the work underway by the community teams to promote early safe discharge with assured intensive home support. This has been achieved by working closely with the home wards to support timely (and clinically appropriate) discharge and by the local service being now being able to deliver treatment across all 7 days.

Table 1: MHSOP Admissions & LOS by sub CCG

		16/17 baseline consultation data	20% reduction target (from consultation data)	2017/18 Remeasure	+/- Variance	2018/19 Remeasure	+/- Variance	2019/20 Remeasure	+/- Variance	20/21 YTD (Apr 1st-Oct. 31st)	+/- Variance YTD
MHSOP Admissions	Hambleton	**36**	**-**	**34**	-2	**32**	-4	16	-20	**8**	**n/a**
	Richmondshire	**18**	**-**	**14**	-4	**14**	-4	19	1	**5**	**n/a**
Total Ham & Rich Admissions		**54**	**-**	**48**	**-6**	**46**	**-8**	**35**	**-19**	**13**	**n/a**
MHSOP ALOS	Hambleton	60.54	48.43	81.87	21.33	59.11	1.43	48.81	-11.73	66.00	17.71
	Richmondshire	78.18	62.54	71	-7.18	71.57	-6.61	52.8	-25.38	59.50	-29.85
Total Ham & Rich LOS		**69.38**	**55.48**	**78.65**	**9.27**	**62.6**	**-6.78**	**50.74**	**-18.64**	**61.67**	**-9.08**

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Figure 1a: MHSOP admissions by Sub CCG

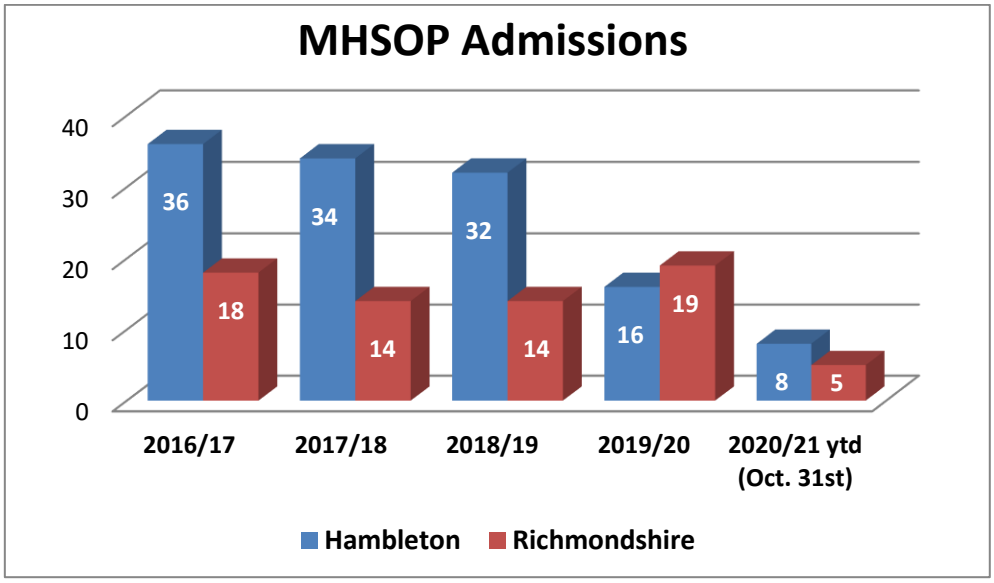
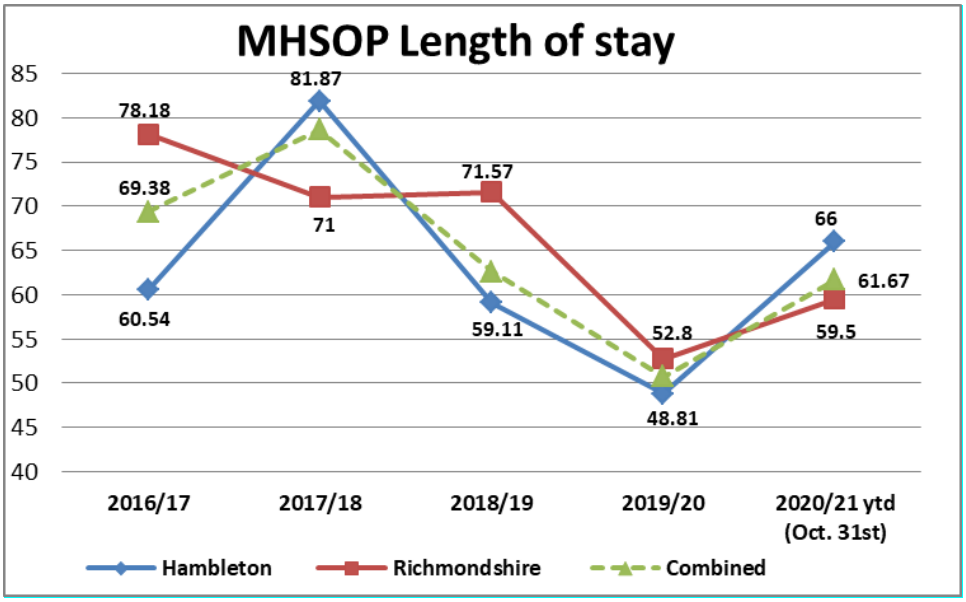


Figure 1a above shows year on year admissions rose in Richmondshire for 2019/20 increasing by 35%. Hambleton admissions for 2019/20 are 50% down year on year and 56% down on the 2016/17 baseline. The year to date (Apr. 1st 2020-Oct. 31st 2020) trajectory indicates a potential reduction in admissions both for Hambleton and Richmondshire across the full year when contrasted against the position at the same point in 2019/20.

Figure 1b: MHSOP Length of stay by sub CCG



As stated above the 2020/21 YTD (Oct. 31st) ALoS is impacted by two patient discharges with lengths of stay of 170 days (Hambleton) and 137 days (Richmondshire), 2 of the 3 highest lengths of stay over the last 19 months. As figure 1b above shows The ALoS position for both localities showed significant decreases at the end of the 2019/20 year with Hambleton 17.4%

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down on 2018/19 and 19% down on the 2016/17 baseline while Richmondshire was 26% down year on year and 32.4% down against the 2016/17 baseline.

Table 2 provides admissions and ALOS by cluster separately for Hambleton and Richmondshire with figures 2a and 2b providing breakdowns for Hambleton and Richmondshire combined. Functional admissions fell year on year for 2019/20 by 38% and are 30% down against 2016/17 baseline. The overall functional ALOS was 55.1 days in 2019/20, a reduction of 3 days on the 2016/17 baseline and a year on year a fall of 20% on 2018/19. For 20/21 ytd functional admissions at 8 compare to 15 for the same period in 19/20 and functional ALoS is 77.25 reflecting the 170 day LoS discharge referenced above. Organic admissions in 2019/20 were down by 10 against baseline with 1 less admission year on year. The overall organic ALOS in 2019/20 has reduced by 30 days compared to the 2016/17 baseline but rose just over 3 days year on year. Organic admissions for 20/21 ytd stand at 5 compared to 2 for the same period in 19/20 and ALoS is 43.29, 11.8 (21%) down on the 2019/20 year end figure.

Table 2: MHSOP H&R Admissions and LOS by Cluster

			16/17 baseline consultation data	20% reduction target (from consultation data)	17/18 Remeasure	+/- Variance	18/19 Remeasure	+/- Variance	19/20 Remeasure	+/- Variance	20/21 YTD (31st Oct.)
MHSOP Admissions by Cluster	Hambleton	Organic	12	-	8	-4	4	-8	2	-10	3
		Functional	17	-	24	7	25	8	10	-7	5
		Blank	7	-	2	-5	3	-4	4	-3	0
		Total	**36**	**-**	**34**	**-2**	**32**	**-4**	**16**	**-20**	**8**
	Richmondshire	Organic	5	-	5	0	4	1	5	6	2
		Functional	13	-	8	-5	9	-4	11	-8	3
		Blank		-	1	-1	1	-1	3	-3	0
		Total	**18**	-	**14**	-4	**14**	-4	**19**	1	**5**
Total Ham & Rich Admissions			**54**	**Total**	**48**	**-6**	**46**	**-8**	**35**	**-19**	**13**
MHSOP LOS by cluster	Hambleton	Functional	52.19	-	73.8	21.61	63.51	11.32	58.73	6.54	89.0
		Organic	73.9	-	104	30.1	54.2	-19.7	14	-59.9	31.5
		Blank		-	76.5	-	35.5	-	30.25	30.25	-
	Richmondshire	Functional	65.11	-	79.48	14.37	87.87	22.76	50.67	-14.44	71.0
		Organic	84.67	-	60	-24.67	49.8	-34.87	78	-6.67	48.0
		Blank		-	42	-	0	-	45	45	-
Total Ham & Rich LOS			**69.38**	**55.48**	**78.65**	**-9.27**	**62.6**	**6.78**	**50.74**	**-18.64**	**61.67**

Figure 2a: MHSOP H&R Admissions by Cluster

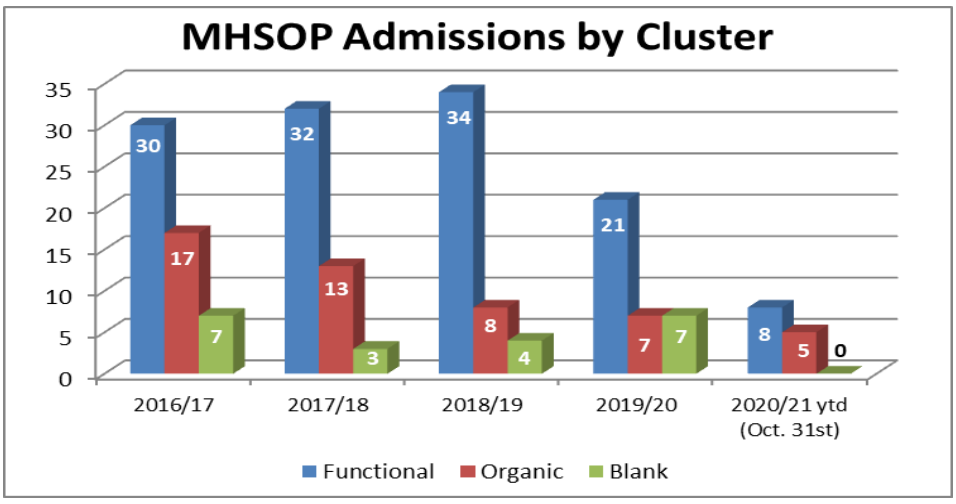

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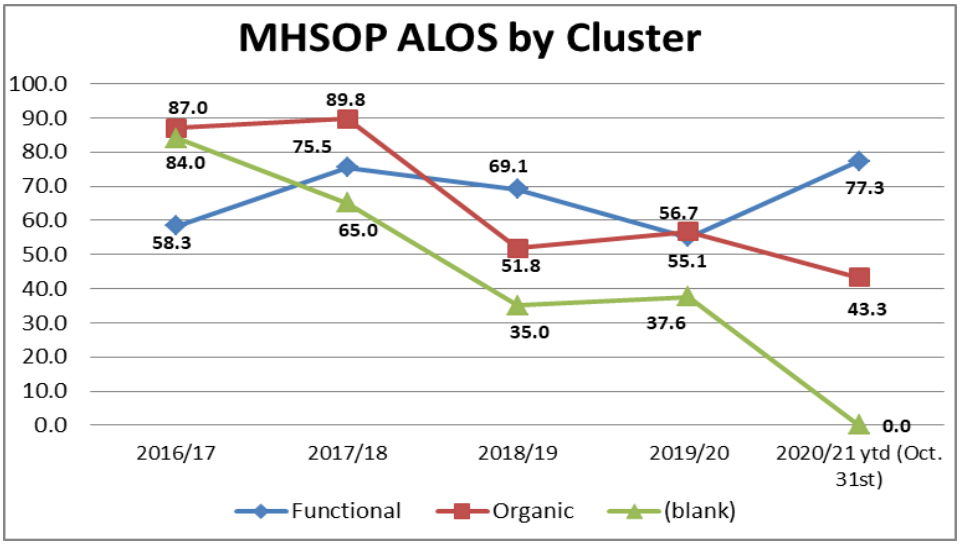
Figure 2b: MHSOP H&R ALoS by Cluster



Overall staff tells us their well-being has improved since we introduced the new model. This is demonstrated in the significant improvement in our sickness absence figures. Illustrative of this are the figures for the Hambleton and Richmondshire MHSOP CMHT which for the year 2019/20 were 1.07%. Currently for the 2020/21 year to October 31st the cumulative figure stands at 2.24%, a rise over the year since April but well within the 4.5% target.

We also embraced the use of technology using Skype to support with remote work enabling the team to share key information that supports intensive home support out of hours. It has also enabled us to trial the use of Skype for patient consultations, which has been positive on the occasions when this has been used but has yet to be embedded in everyday practice.

We are always continually looking to improve our service and our next phase includes widening the range of non-governed psychological therapies which can be provided in the community. This will support recovery and well-being offering effective intervention to patients when they need it and further reducing the need for inpatient care and preventing patients going into crisis. We will also continue to look at ways to increase opportunities for MDT working with GP and other primary care colleagues 2021.

4.0 AMH Progress to date

In preparation for the change in services and before the inpatient service closed we worked with our crisis team to develop a new model of engagement, “Recovery@home”. The model involves the crisis team engaging service users, where appropriate, in creating a discharge plan from the day of their admission. Not only does this approach empower the service user to make choices about their care but also helps eliminate waste in the admission process.

Our Recovery@home approach has proven successful at sustaining the reduction the Average Length of Stay for an in-patient, which has contributed to us achieving the targets sets for bed use post transformation. We have also seen success in reducing the overall number of admissions from the West community team in Richmondshire which has contributed to the reduction in the number of admissions from Hambleton and Richmondshire locality. East community team in Hambleton has faced recruitment challenges across key posts

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including the Consultant Psychiatrist, Advanced Practitioner and Clinical Psychologist, which impacted on the leadership of the team. These key positions have however now been filled, with the last commencing in August of this year.

The extra capacity provided to the crisis team from the inpatient services closure (4 Health Care Assistant's and 2 band 5 nurses) has allowed the team to provide the "Recovery@home" model across 2 hospital sites as well as providing more resource to be able to support patients in facilitating early discharge. In addition to offering support to individual cases where it is appropriate, offering a choice of recovering their mental wellbeing at home rather than in hospital.

4.1 AMH Inpatient Activity - Review to October 31st 2020/21

The aim has been to reduce the number of admission and length of stay for Hambleton and Richmondshire AMH patients by 20% from the base line measurement of 123 admissions and 39.78 bed days (data taken from 2016/17 data). Table 3 below provides AMH admissions and LOS for 2016/17, 2017/18 to 2020/21 YTD (Oct. 31st).

Between 1st October 2019 and 31stth March 2020 there were 51 admissions in total which is a 16% reduction compared to the 61 admissions between the same period for 2018/19. Of the 51 admissions, 36 patients accessed the identified home wards. Due to bed pressures across the whole inpatient system the other 15 patients accessed Trust beds in Durham (6), Harrogate (3), Scarborough (4) and York (2). Across the full year 2019/20 we saw a year on year reduction of 16 admissions (13.5%) and a total of 75 patients accessed their identified home wards.

As at end of 2019/20 patient average length of stay has been reduced by 42% against the 2016/17 baseline and is 27% below the planned 20% reduction target of 31.83 days. The ALOS for Hambleton & saw Richmondshire AMH for Q3 and Q4 2019/20 was 23 days. (Q3 saw 12 discharged with an average LOS of 12.5 days and in Q4 there were 39 discharges with an average of ALOS 27 days).

The 2020/21 ytd figures show 72 admissions to 31st October 65 of who have accessed their identified home wards. The ALOS for the 2020/21 year to date (Oct. 31st) is 20.75 days based on 68 discharged and was 14 days for Q1 (30 discharged) and 20 days for Q2 (27 discharged). During this period there were 11 discharges in October 2020 with 1 discharge in the month with a Length of stay of 138 days.

Table 3: AMH Admissions & LOS by sub CCG

		2016/17 baseline consultation data	20% reduction target from baseline	2017/18 Remeasure	+/- Variance	2018/19 Remeasure	+/- Variance	2019/20 Remeasure	+/- Variance	20/21 YTD (Apr 1st- Oct. 31st)
AMH Admissions	Hambleton	73	58	65	-8	76	3	72	-1	58
	Richmondshire	50	40	40	-10	42	-8	30	-20	14
	Total	**123**	**98**	**105**	**-18**	**118**	**-5**	**102**	**-21**	**72**
AMH ALOS	Hambleton	40.76	32.61	33.8	-6.96	22.13	-18.63	24.42	-16.34	22.72
	Richmondshire	38.81	31.05	45.87	7.06	29.02	-9.79	19.88	-18.93	13.27
	Total	**39.78**	**31.83**	**38.28**	**-1.5**	**24.84**	**-14.94**	**23.02**	**-16.76**	**20.75**

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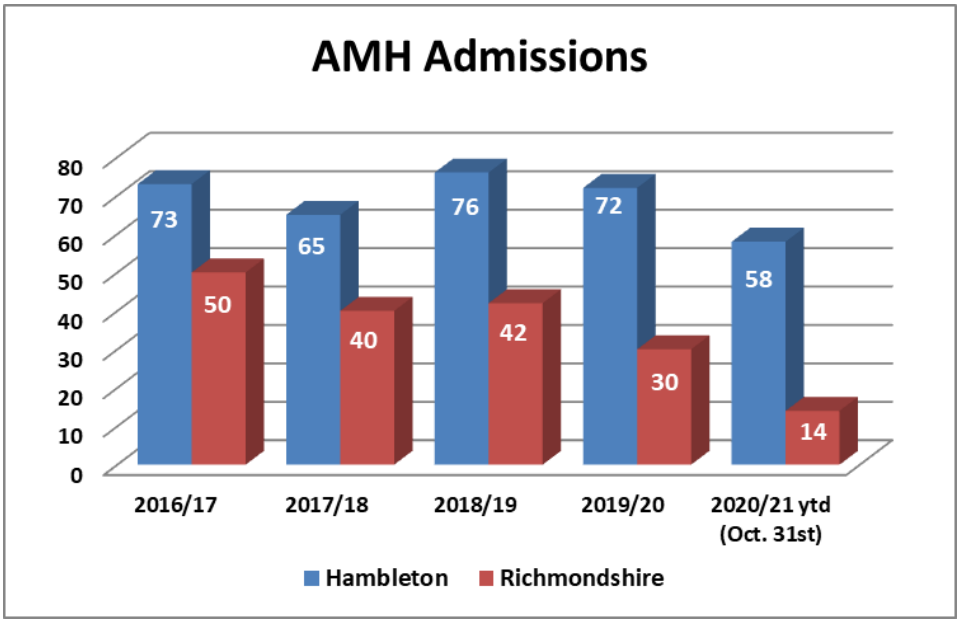
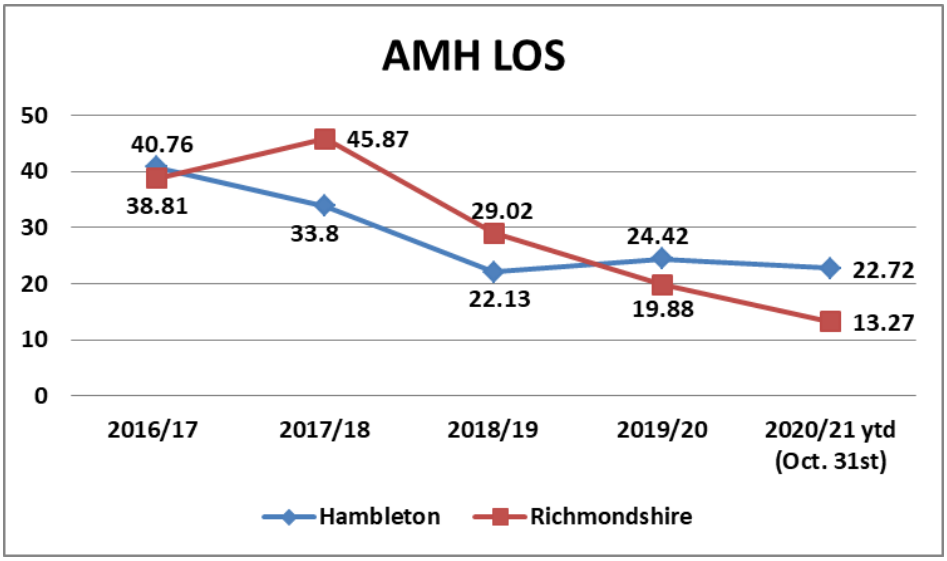
Figure 3a: AMH H&R Admissions



An analysis of admissions for Q3 & Q4 19/20 shows there were 51 admissions from Hambleton and Richmondshire adult mental health giving a total of 102 admissions across the year. This represents a reduction of 16 (13%) on 2018/19. The 2020/21 year to date shows a total of 72 admissions to October 31st, 36 in Q1, 33 in Q2 and 3 in October.

Figure 3b: AMH H&R Length of Stay



Over Q3 and Q4 2019/20 there were 38 discharges (26 Hambleton & 12 Richmondshire) 1 of these had lengths of stay over 90 days (135 days) compared to the Q1 2019/20 position of 37 discharges, (25 Hambleton and 12 Richmondshire) with none having a Length of Stay of over 90 days. For the year to date 31st October 2020/21 there has been 44 discharges (34 Hambleton and 10 Richmondshire) with an ALoS of 20.75, a reduction of 1 day on the same period last year.

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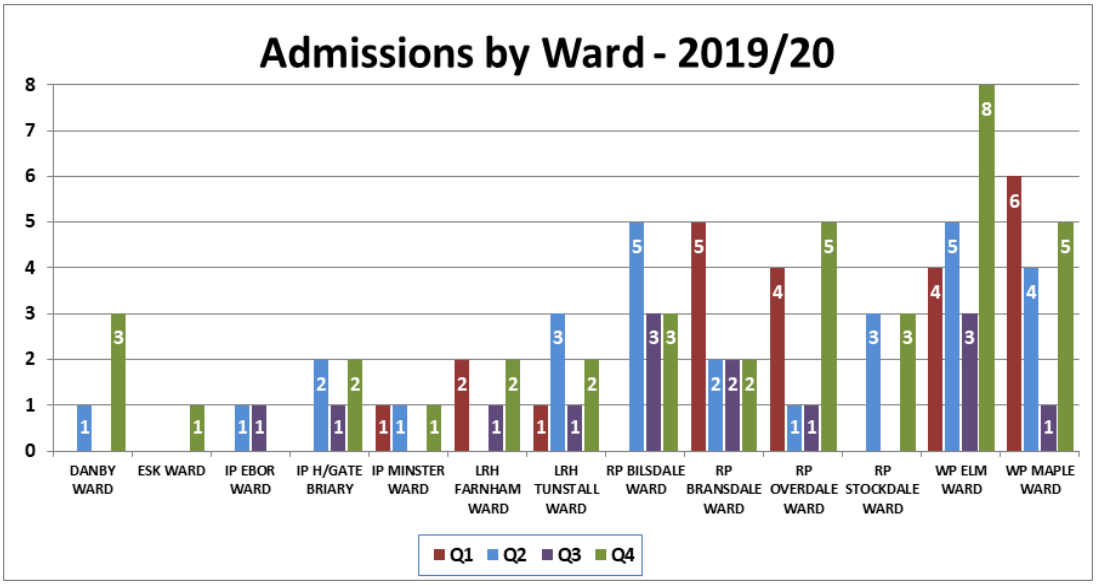
Figure 3c: AMH Admissions by Ward 2019/20



We planned for patients who require inpatient treatment to access a total of 8 beds at West Park Hospital (Richmondshire patients) and Roseberry Park Hospital (Hambleton Patients). Since the closure of the inpatient service at the Friarage we have been allocated 4 beds at West Park Hospital and 4 beds at Roseberry Park Hospital. Figure 3c above shows that of the 102 admissions in 2019/20 75 patients accessed the identified home wards. Due to bed pressures across the whole inpatient system the other 27 patients accessed Trust beds in Durham (12), Harrogate (5), York (5) and Scarborough (5).

Figure 3d: AMH Admissions by Ward 2019/20

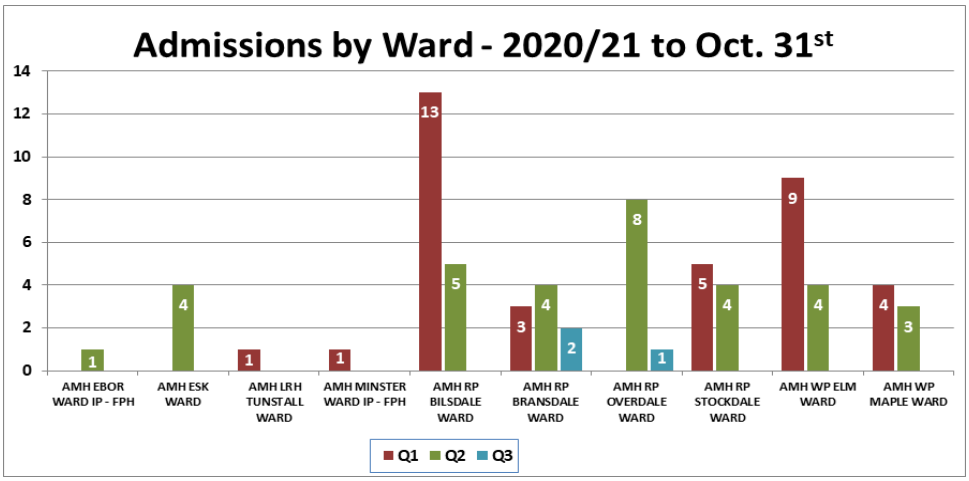


Figure 3d above shows that of the 72 admissions to October 31st 2019/20 65 patients accessed the identified home wards. Due to bed pressures across the whole inpatient system the other 7 patients accessed Trust beds in Durham (1), York (2) and Scarborough (4). The ongoing rectification works mentioned above at Roseberry Park Hospital are impacting bed allocation and availability.

In addition to the extra support worker posts in the crisis team (4.5 WTE) we also created a clinical psychologist post in that team. The transformation of our service has also allowed us

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to balance the workforce between the 2 community teams as well as creating extra posts. Across the 2 community teams we have been able to add the following posts to our establishments; 1 band 7 psychologist, 1 band 7 advanced practitioner, 2 x band 5 practitioner, 2 x band 4 psychology assistants, 1 band 4 support worker and a band 6 occupational therapist that works into all the crisis and community teams. All posts have been appointed to and roles have commenced.

Part of our plan is to move our integrated community teams to work 6 days a week. The plan is for 2 members of staff from each team to work on a Saturday. These staff will be joined by 2 support workers from the crisis team to make 2 cells of 3 staff, one in Hambleton and one in Richmondshire. Due to the recent changes in the urgent care service in the Friarage hospital (downgrading of ED to a UTC) we have had to review our provision of overnight crisis services.

The changes to the Friarage services coupled with the closure of the mental health wards means that the crisis team are operating out of ours out of an isolated part of the hospital. In order to maintain the safety of staff when working out of hours in an isolated part of the hospital we have had to increase our staffing numbers on a night for the crisis team. This means that the resource allocated to support the 6 day working of the integrated teams is currently working nights to maintain the crisis team service overnight. Although the above has meant we are not currently able to move to 6 day working we have commenced evening work from the community teams. To support this we have been offering therapy appointments and group in the evenings.

Work has continued within the service to explore potential options to consider alternative accommodation for the crisis service overnight to ensure we provide a safe working environment for the team, which will also release capacity back in to the CMHT to deliver and support the 6 day working model. In particular we have continued to work with our colleagues in South Tees in order to best support the UTC with mental health presentations, and seek a solution to an overnight base for the crisis team. Recently we have identified clinical rooms in the out-patient department of The Friarage that the crisis team can use overnight and at weekends to see patient's in. Currently our IT departments are working to establish the correct technology to support the crisis team when working from The Friarage. We expect this work to be completed by January 21, at which time we can move to this model.

There is training planned for January, to be delivered by hospital liaison and the crisis team to the staff of the UTC, to help them quickly identify mental health issues so that these cases can be passed to the mental health staff as quickly as possible.

5.0 Conclusion

The work carried out so far has been very positive and both AMH and MHSOP are exceeding the planned 20% reduction in the LOS which illustrates the work underway by the community teams to promote early safe discharge with assured intensive home support. This has been achieved by working closely with the home wards to support timely (and clinically appropriate) discharge and by the local services now being able to deliver treatment over extended days/hours.

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Work continues to improve the service and MHSOP next phase includes widening the range of non-governed psychological therapies which can be provided in the community. This will support recovery and well-being offering effective intervention to patients when they need it and further reducing the need for inpatient care and preventing patients going into crisis.

All preparatory work has been done to position the teams to commence 6 day working. Now that there is a resolution to the crisis team accommodation overnight problem we can review the final part of our transformation plan, an extended home treatment service offering planned work 6 days a week.

Naomi Lonergan - Director of Operations North Yorkshire and York, TEWV

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