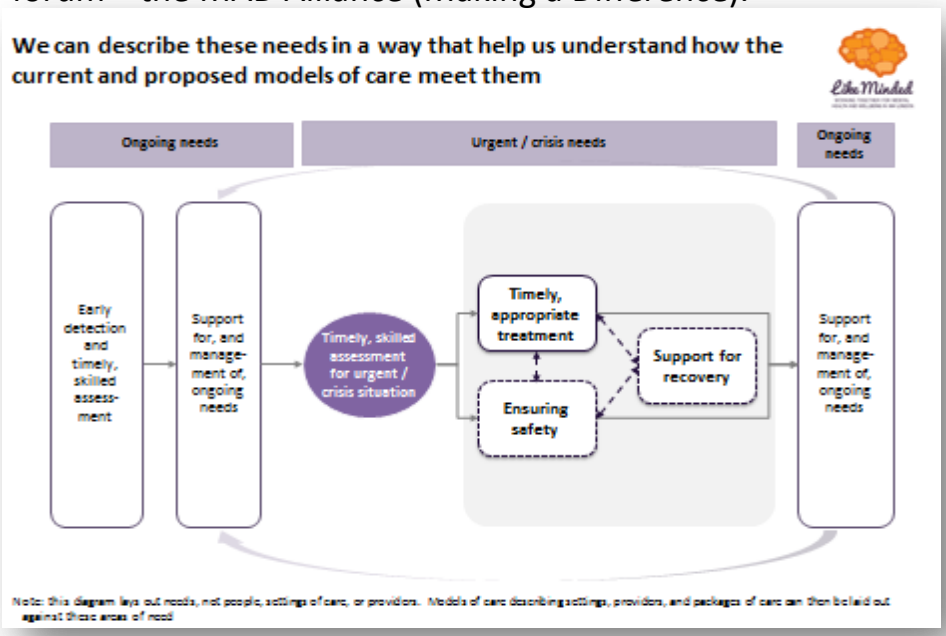
Living Well with Serious and Long Term Mental Health Needs – Workshop
2nd September 2015

Phase 1 of Like Minded has led to the publication of a Case for Change – describing the issues and our shared ambitions. A detailed document and a short summary document are available via the Healthier NWL website at: http://www.healthiernorthwestlondon.nhs.uk/mental-health

This workshop focused on the needs and priority areas for change for people living with serious and long term mental health needs. We were pleased to welcome 20 participants including clinicians, commissioners and members of our service user forum – the MAD Alliance (Making a Difference).



Below are some of the questions we posed to attendees (participants suggested some too)

Urgent/crisis needs:

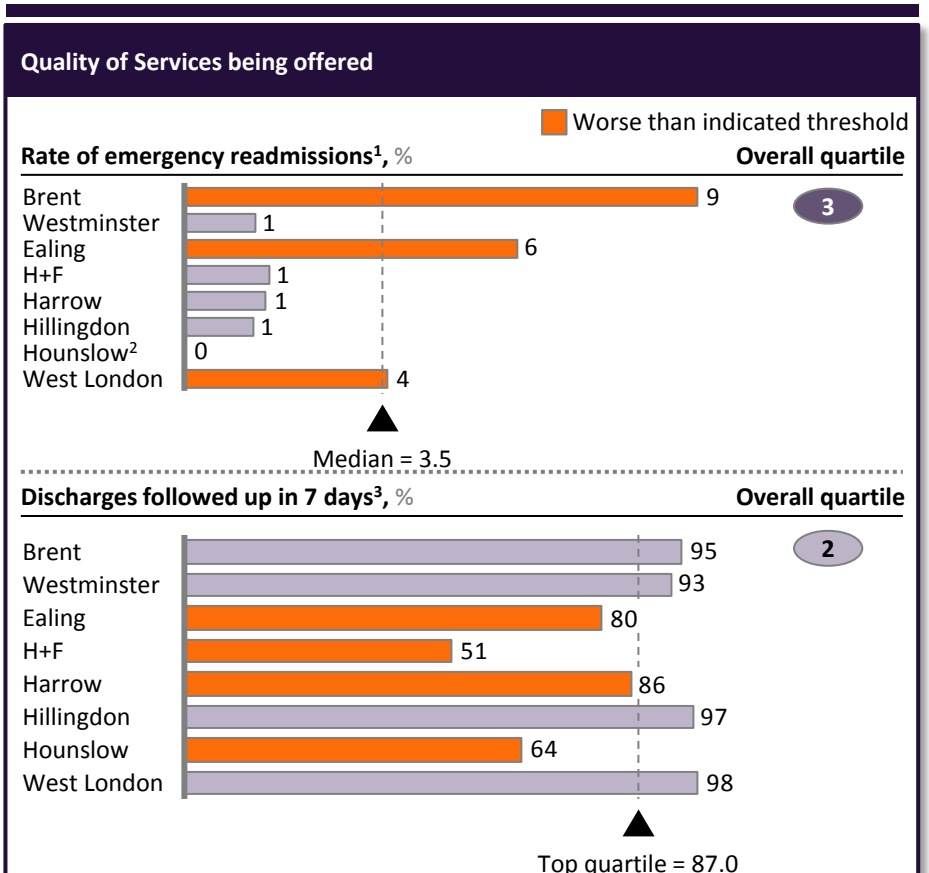
- Can we deliver more of this care outside of hospital?
- For those who do end up in hospital can we deliver better care, reducing LOS and readmissions?

Ongoing needs:

- How can we better meet needs in the community – including the social needs of individuals and carer needs?
- How can we better manage risk factors, diagnosis and treatment for those with an accompanying physical illness?
- It appears Early Intervention in Psychosis can deliver clinical benefits and financial savings, and that we do not yet fully meet the need. What stops us from increasing this service?
- How can we better manage age transitions?

We looked at data on current needs and current services – we asked participants what struck them from the overview

- **"High variation"**: variation by borough in terms of teams, ability to deliver service, outcomes, services offered, models of care, and also in terms of population and needs. What drives this variation?
- **"Variation also in nursing and residential care"** offered by Local Authorities across boroughs.
- **"People managed only through primary care"**: Mental Health Trust activity is only the tip of the iceberg
- **"Not much data on quality"**: of the services that are there, what is the quality? Probably there is variation there as well
- **"Not enough focus on what happens in secondary care in community teams"**. Users of this service need their care to be optimised
- **"Very large variation across boroughs also in Primary Care Mental Health (PCMH) services"**. Flow in the system is necessary if we want to get the Community Mental Health Trust (CMHT) teams right
- **"Physical health"**: there is a lot on the needs side of the description, but not as much detail on the system side



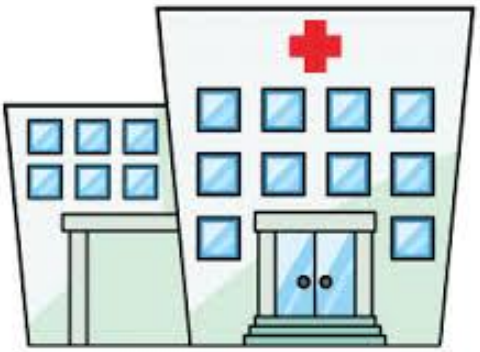
We agreed further work required with WLMHT and CNWL to validate data

Can we deliver more care outside of hospital?

- More recovery houses (not complex stays)
- Home Treatment Team: extended remit and increased range of support available. “Hospital at Home”
- Early access to crisis prevention service package
- Increase safe places to go (and Mental Health & Physical Health community liaison workers)
- Reduced variability

For those who do end up in hospital can we deliver better care, reducing Length Of Stay and readmissions?

- Correct community package
- Right people in the beds (appropriateness, no more delays of transfer, no unnecessary transfers from ward to ward due to lack of the right bed)
- Improved discharge planning
- Reduced length of stay
- Reduced number of readmissions (not only after 28 days from discharge, but also look at reducing the number of people who have multiple admissions in the same year)



What’s stopping us from delivering change?

- Turnover of staff
- Workforce happiness, support/training, supervision, workloads are too high
- Training & education for staff, service users, carers
- Resourcing, e.g.: care co-ordinators time, who pays? Conflict created by blurring of responsibilities in teams
- Fear! Level of trust
- Division and lack of integration between Local Authority / third sector / NHS + <stat> (standoff between teams)
- Culture: translation of vision/strategy
- Social networks: lack of continuity of care/support
- Poor relationships between services (e.g., bed management meetings)
- Lack of flexibility in the system
- Challenges in transitions of care – commissioning of rehabilitation beds to reduce readmission rates
- Lack of understanding of delayed transfer of care (research data and the patient journey to understand what is stopping people from leaving after 50+ days. Housing? Social care? Package?)
- Wastage in system: investment in services not fit for purpose.

We asked a number of questions:

If you could redesign the system from scratch, what would the perfect solution look like?

What does success look like?

- Reduced need to access urgent care
- Improved self-management
- Patient feels supported to self-manage. Role of “Expert Patient”, relevant to patient’s community
- Care feels joined up with one point of contact in the community (physical, mental, housing, social, primary care pharmacy, voluntary sector)
- Reassuring primary and secondary care professionals of what support exists which will reduce relapse rate
- Financial stability for providers
- Increase value for money by better joining up of services and barriers coming down
- Continuity of care. Flexibility in the system
- Ready access when needs of urgent care. Timely access

Next steps

- Ongoing work with CNWL and WLMHT on data and the outputs of their internal redesign work
- Data analysis and presentation to understand the whole picture of care and support today
- Engagement with key teams – ensuring we don’t become too health focused.
- Capturing of good practice – locally and from further afield
- An Innovation Lab on 22nd September – challenging us to think differently and learn from exciting work elsewhere

HYPOTHOSIS: What if there were only ever 10 mental health beds in every borough?

- Follow-up workshop to check back in with developing plans on 25th September
- Development of a new Model of Care and Support – with clear outcomes and a plan to implement

We love to hear from you – the easiest way to contact the team is via LikeMinded@nw.london.nhs.uk

Thanks from all at Like Minded to those involved in this workshop and the wider programme.