

## **Briefing to Oxfordshire HOSC**

### **Service Remodelling of Oxfordshire Adult Mental Health Services**

Ali Neary, Project Manager and Jackie Thomas, Head of Adult Community Services

#### **1. Introduction and Overview**

Recent changes in commissioning arrangements for local healthcare services and our desire to make our services the best we can for patients, carers and staff allowed the mental health division the opportunity to review our existing provision of adult mental health services across Oxfordshire and Buckinghamshire. This has allowed us to use these changes to help support the improvement of service quality and access for our patients and their carers across the two counties and review the patient pathway through all aspects of our service to ensure that this is meeting not just the patients' needs, but any other health or social care provider involved in their care and treatment. It is also hoped that the new model of care will bring about much greater collaboration with our colleagues from the third sector with the aim of providing better support for patient's employment, housing and wellbeing needs.

Formal staff consultation closed on 2<sup>nd</sup> November 2013 and as a result of the consultation and feedback received from staff, union colleagues and the Executive Team, we made several changes to the model. Using these to support our decision making process we are currently developing the operational policy and model of care for both the community and inpatient provision.

#### **2. What did we want to achieve?**

The remodelling project has been driven by the desire to improve patient pathways and support everyone involved in that pathway to achieve their own specific outcomes. Care Clustering and recent patient and staff surveys have all shown that there is a need to have:

- Clearly defined and transparent patient pathways which ensure patients and their carers have the information they need to make informed choices about their care and treatment.
  - Fewer referrals between services and better transition arrangements within the division and into/out of services provided other clinical divisions of Oxford Health NHS Foundation Trust.
  - Improved access to services to enable patients and their carers to get support and treatment as close to home as possible and by staff that are familiar with their care.
  - Established partnership working with individual patients GPs, voluntary sector and the CCGs.
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- An improved recognition of the carer and the role and influence that they have in supporting their friend or family member who is engaged with our services.
- Skilled and experienced leaders and managers who are able to lead the team to provide high quality and safe care.
- Staff who have the appropriate skills to provide specialist interventions based on NICE guidance and the ability to allow these staff to support their peers in other teams with patients who present with complex requirements.

These measures to improve the service have been mapped by the division, and we believe that locality based team model providing an extended service will be able to deliver not only excellent and safe care for patients, but also a service that ensures GPs continue to choose to commission our services, but also to recommend us to their patients as a their provider of choice.

### **3. The Consultation Process**

Once we had developed our proposed model we wanted to ensure that we involved everyone who would be affected by the proposed changes, and over the course of the last 6 months we have held meetings with Oxford CCG Leads and Practice Managers (approximately 200 colleagues), Oxfordshire County Council (who have also been supporting the HR process for staff seconded to the Trust under our Section 75 agreements), as well as colleagues from the 3rd Sector and representatives from the Oxfordshire HOSC.

We have also held 7 patient and carer focus groups with over 50 representatives in attendance to share their views on the model and how this will impact on their care. Feedback from these has been, in the main, very positive, with the extended hours and integration of the crisis function being particularly welcomed. Patients did express some concerns about the possible changes to their care co-ordinators, and whilst we acknowledge that if individual staff choose to move teams/roles as a result of this remodelling then this might affect some patients. However, this should only be in a few cases as most staff will be slotted in to their existing locality so it is anticipated that the majority of patients will still maintain their current care co-ordinator.

Nevertheless, we took the concerns raised at these forums seriously and as a result we changed the process for staff being able to make open preferences. We discussed this with staff who were happy that, where possible, they would continue to work within their existing locality to ensure that patients could remain in contact with at least one of their existing care team, who was familiar with their needs and treatment plan. This will also ensure that this change is undertaken in a planned manner, and has the least impact possible on the delivery of safe and managed care for all of our patients.

#### **4. Summary of Main Changes (Community Mental Health Services)**

- Following the integration of our existing Community Mental Health Teams (CMHTs), Crisis Service and Assertive Outreach Teams the newly formed locality based Adult Mental Health Teams (AMHTs) will undertake both an assessment and treatment function. This will therefore reduce the need for patients to be moved from one team to another especially when they are experiencing a crisis and are consequently very unwell and will allow them to maintain therapeutic relationships during this period
- The AMHTs will be providing an extended hours service and the assessment function of the team will operate a 7 day/week service from 7am to 9pm.
- Overnight cover will be provided by up to 5 staff based in Oxford City who will work closely with staff on the inpatient wards, out of hours GPs and colleagues from the emergency services to support patients who are experiencing a crisis.
- The treatment function of the team will work from 9am – 5pm 7 days a week, with a minimum requirement, to run two late night clinics until 8pm each week, with the capacity to increase this if local demand requires it.
- The AMHT (both assessment and treatment function) will work collaboratively with colleagues from the 3<sup>rd</sup> Sector, so will be able to address patients housing, employment and wellbeing needs in a more robust and timely manner.
- The assessment function of the AMHT will become the Single Point of Access for all adult mental health services in their respective locality, so will also act as signposters to other services that we provide within Oxford Health NHS Foundation Trust if it is agreed that a referral is not appropriate for the AMHT.
- Oxfordshire will have 2 Day Hospitals which will become an integrated function within their respective locality based AMHT. These will be sited in Oxford City and Banbury and will operate from 10am – 6pm 7 days a week providing step down from inpatient care and will work within a partial hospitalisation model.
- The AMHTs will be based in Banbury, Oxford City and Wallingford with satellite clinics based throughout the counties in all existing market towns, as per our current provision.
- The provision of an integrated treatment and assessment team will ensure that if patients are discharged but subsequently become unwell again, there will be no requirement for them to be formally re-referred into the team, either by their GP, 3<sup>rd</sup> sector colleagues, or other services within the Trust. Patients known to the team will be reassessed by a member of staff who is familiar to them, and transferred to the treatment function if required, for appropriate support and intervention. This will minimise any delay in patients accessing any specialist care that they might need from our services.

#### **4B. Summary of Main Changes (Inpatient Services)**

- We wanted to use the implementation of this new model as an opportunity to improve the clinical seniority on the wards to ensure that the staff working with our most acutely unwell patients have the appropriate support and have clear clinical leadership. Each inpatient ward will have a dedicated consultant team and a Modern Matron and in addition their current establishment has been increased by two Band 6 posts. This will enable us to uplift the staffing that we currently have on each shift (5, 5, 4) to 6, 6, 4 (6 members of staff working the early and late shifts and 4 staff working overnight).
- Each ward will also have a 0.5 WTE Speciality Doctor, which is an enhanced provision from what we have currently.
- We are also working with the senior clinical team to develop a new clinical model and operational policy to support all staff working within an inpatient environment to deliver safe and excellent care. This will include new care pathways, guidance on practice in line with national standards (AIMS accreditation), privacy and dignity and quality and safety standards. The new operational policy will also include levels of competency that we will expect all qualified and unqualified staff to attain.
- As part of the new model of care we will have a clearly established and accessible pathway to improve the handover of care on admission and discharge between inpatient and community services.

#### **4C. New/Additional Services**

In addition to the formation of the new AMHTs the division have also been working on the development of new/additional services across the counties.

- The Emergency Department Psychiatric Service (EDPS) will be an Oxfordshire based service that provides support to the Oxford University Hospitals Emergency Departments based at the John Radcliffe and Horton Hospitals. They will be moving to working 7 days/week from 7am – 10pm. This will require an increase in staffing to provide the enhanced service and it is proposed that this is staffed with experienced Band 6 and 7's who have advanced assessment skills. This new service has been developed from our previous Psychiatric Liaison Service and will provide an enhanced provision to colleagues working in the acute sector.
- We have also recently secured funding from Thames Valley Police (TVP) to pilot a Street Triage Programme in Oxfordshire. Each night a Band 6 clinician will work alongside colleagues from TVP to assist police officers in their assessments of the general public who are potentially experiencing a psychiatric episode and may require admission into our services on a Section 136 of the MHA.

#### **5. Implementation Plan**

We are now working on the detailed planning for the implementation period, which will be a phased implementation from January to March 2014.

The mental health division are committed to developing a plan so that their new model of service is implemented in a phased and measured way in order to ensure that patient safety remains paramount throughout the changes. As noted already in this report the formation of the new locality teams might have an impact on some patients who could require a change of care coordinator as part of this process. However, we will ensure that the changes are made in a planned and coordinated way to provide assurance that all potential governance and safety issues have been raised and appropriate contingency plans are put into place.

The implementation plan also has a detailed communications plan to ensure that patients and their carers are appropriately involved and engaged throughout the implementation phase and that they receive timely and relevant information about the impact of any changes on the delivery of their care. One example of this is that we have drafted a factsheet for patients and carers explaining what the main changes to our services will be, why we have made these changes and who they can speak to if they have any further questions.

One of the initial tasks within the implementation plan is to formally appoint staff into the new Team Manager and Community Lead roles. Once we have staff in post for each new AMHT a bespoke package of leadership and development training will be established for each locality for them and the Consultant Psychiatrists in the team. This training will help the new management team to work collaboratively to embed new ways of working, improve quality of care and develop their locality team to ensure the new service meets all stakeholder expectations.

**Appendix A: Proposed Model of Care for Adult Mental Health Services**

