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Mental Health – new roles and models of care to improve access and free up clinical time

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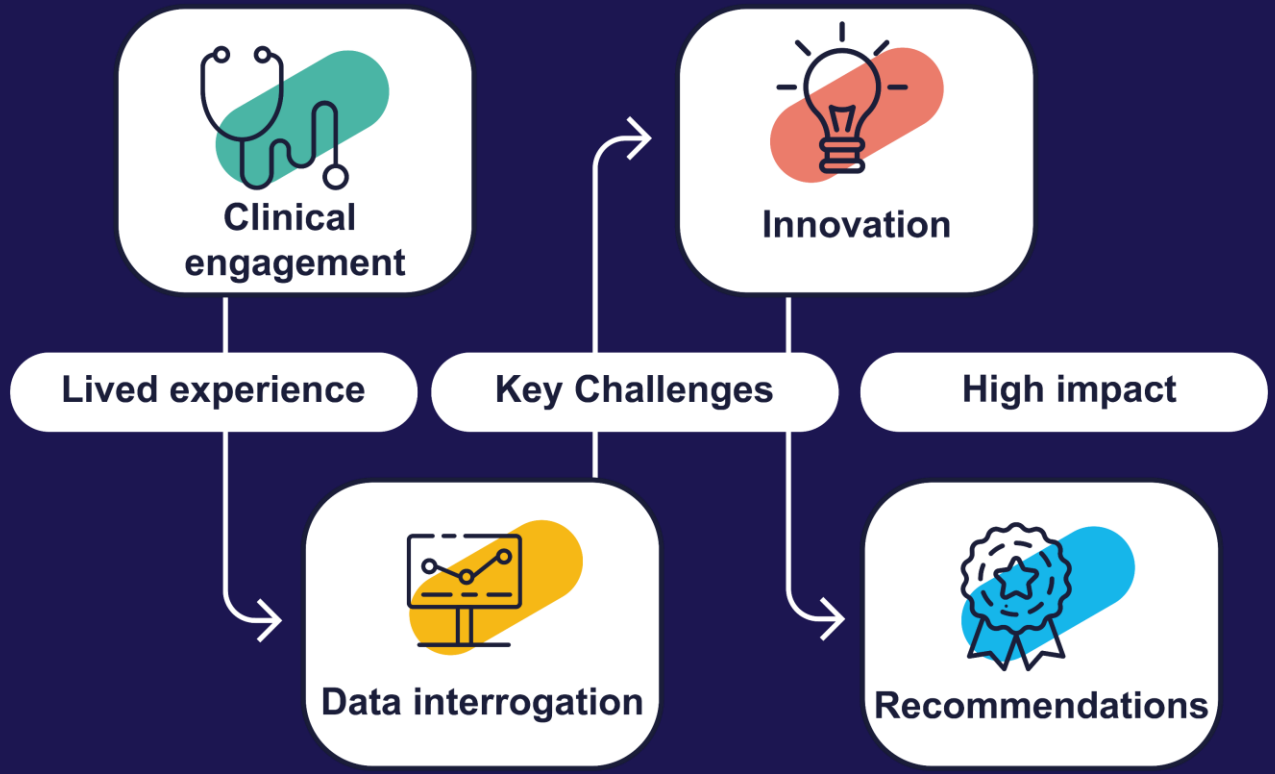
What is CLEAR?

CLEAR stands for **C**linically-**L**ed workforc**E** and **A**ctivity **R**edesign.

The national programme places clinicians at the heart of healthcare decision making and innovation. The integrated learning and working programme enables clinicians to develop new skills in data science, transformation and leadership while delivering live redesign projects in the NHS.

With its four-stage methodology, CLEAR delivers solutions that are clinically owned, increase control of clinical teams in healthcare delivery and provide efficient solutions to complex challenges.



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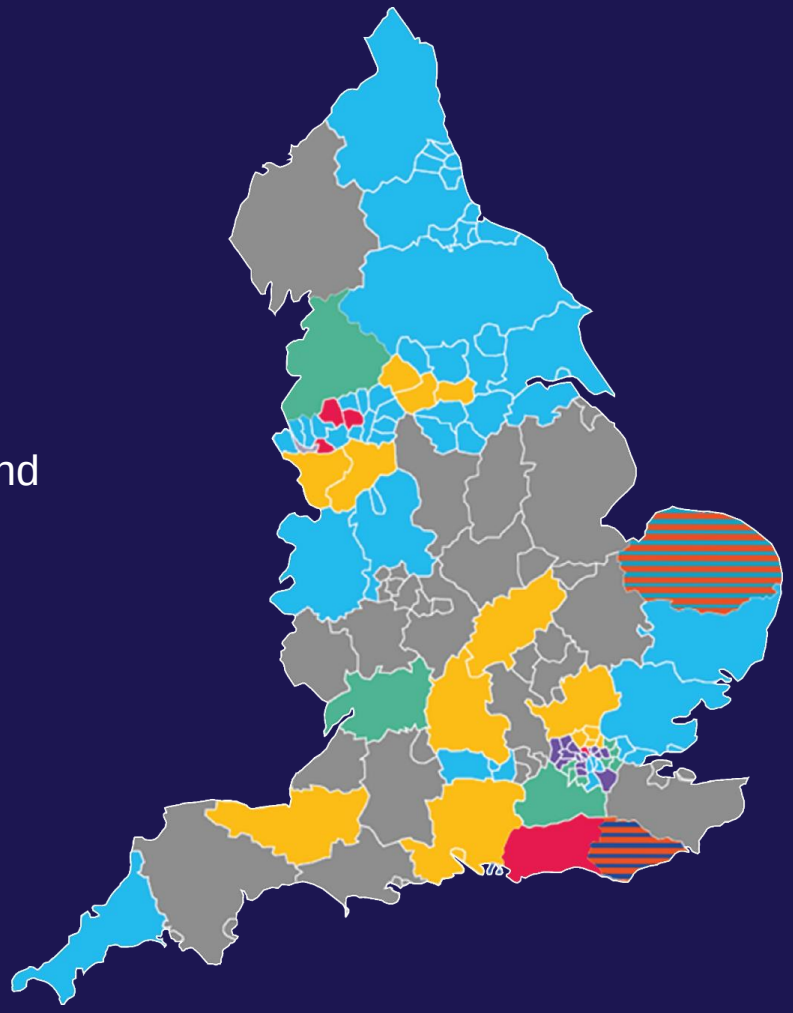
CLEAR is supporting the NHS across key priority areas

- The programme has provided rapid support and training to the NHS during the COVID-19 pandemic and continues to support the NHS in restoring and transforming services.
- 40+ projects have been completed across England empowering more than 100 clinicians with more projects underway in mental health, primary care, elective recovery, oncology and catheter care.



URGENT AND EMERGENCY CARE
CRITICAL CARE
MENTAL HEALTH
ANTICIPATORY CARE
OPHTHALMOLOGY
OPERATING THEATRES
BESPOKE PROJECTS

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Overview: CLEAR Mental Health 2021

Streamlining services to improve patient experience and outcomes

Background

- **6 trusts** across England serving **4.1m people**
- **17,000+ staff** in over 325 sites, GP practices and community teams covered by the projects
- **Managing 70,000+ referrals** per year
- **195 interviews** with a broad range of staff alongside data analysis to inform the project insights

Key challenges

Referrals misaligned to services

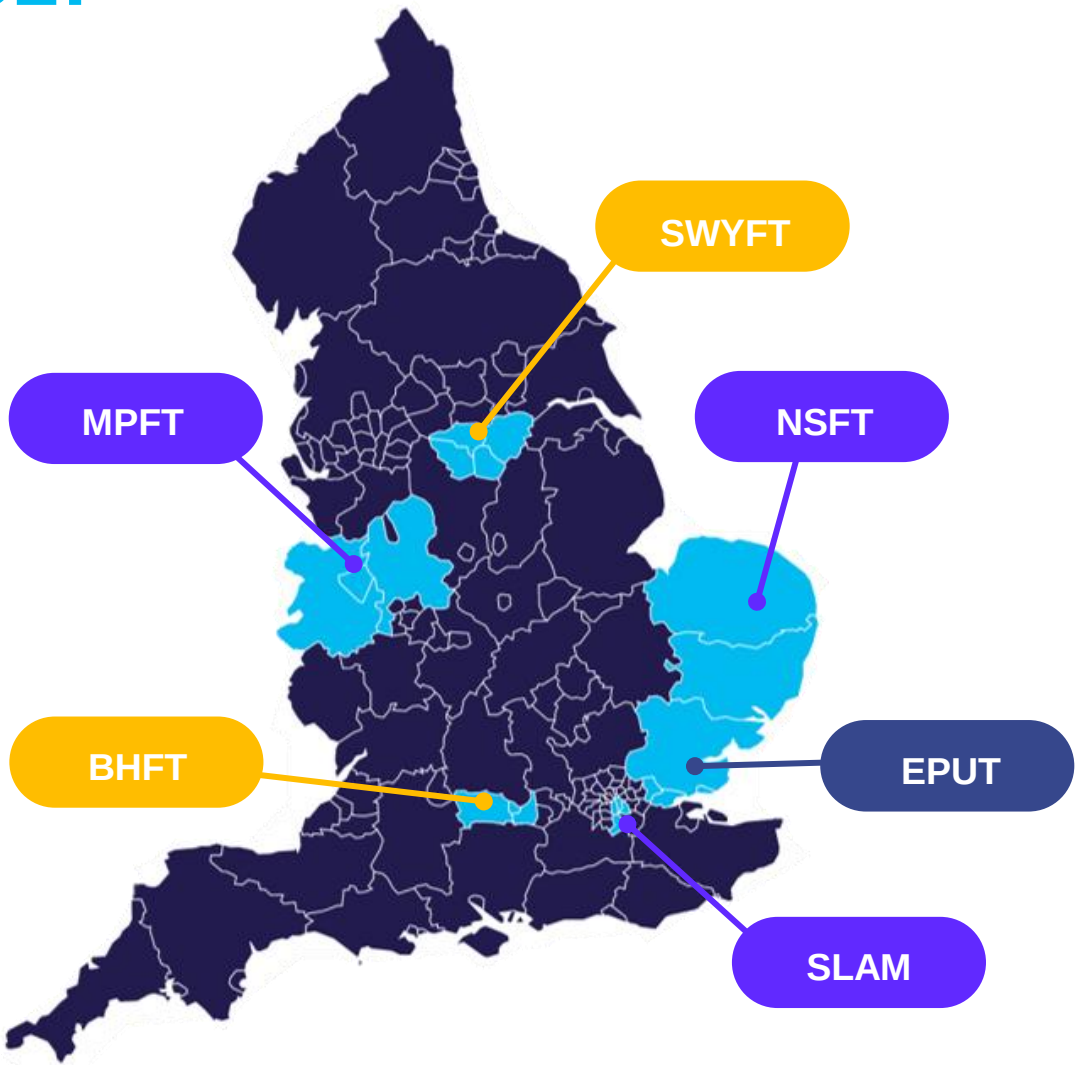
- Insufficient time for assessments leading to redirection
- High incidence of service user re-referral

Rising complexity and acuity of service user presentations

- Staff feel unable to provide the care service users need
- Higher acuity rates, lower recovery rates

Rising demand outstripping service capacity

- Long waiting times, high caseload, rising bed occupancy, more service users in crisis
- A workforce at risk of burnout leading to poor recruitment and retention



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Overview: CLEAR Mental Health 2021

Streamlining services to improve patient experience and outcomes

Recommendations

Pathways and triage
- Right service first, early assessment and redirection to reduce waits
- Improve the efficiency of clinical time

New processes
- Improve capacity and timely access
- Reduced risk for service users waiting, reduce crisis presentations

New roles or services
- Improve capacity for the right care in the right place at the right time
- Improve staff satisfaction, wellbeing, recruitment and retention
- New roles including 'responder' and 'intervention' Roles in CMHT

"Leadership teams are more open to ideas and input from the frontline, and clinicians feel that they have a voice in the way their service is being run."

"I would do it again in a heartbeat"

"I am now being supported to supervise other service improvement projects"

Quotes from CLEAR Mental Health Associates

- **Potential savings of more than 2500 hours** p.a. based on 50% reduction in incorrect referrals equating to **£75,000 of time freed up** per locality

Impact - CMHT

- 55 hours/week per neighbourhood team of planned clinical time lost to unplanned work
- Equates to 218 hours for 5 teams, or 5.8 WTE
- Intervention and responder roles will return this time to planned activities
- Potential value saving of £262,223 across ICMHT

Impact - Inpatient

- A more therapeutic environment can **reduce the bed-days and re-admissions** which reduces the cost of OOA placements
- A 10%-20% reduction would equate to **£486k-£878k of value** freed up and available to invest in alternative services.

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Improving service user journey in the CMHTS

3 clinicians leading analysis

22 qualitative interviews across 5 CMHTs

Focus groups conducted with SUs and carers

Population 414,000

Challenges

“Problem” cohorts identified of both “hard to discharge” and “hard to engage” clients. Both had slowed journeys through the CMHT.

Waits for psychology intervention and consultation slowing service user journey.

Staff morale low and retention poor. Caseloads high and dictating focus on monitoring and support rather than active intervention.

GPs re-referring almost immediately on discharge. Unclear about new PCN mental health provision for step down. Poor communication with GPs around CMHT thresholds and role.

CMHT service users being excluded from other services (LD, neurodevelopmental)

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Kaleidoscope 4

Ideas generated - "innovations" (presented in detail in a separate handout)

Improving service user journey and experience

Idea A : Internal changes to procgroupes ses- "tweaks"

A1: Discharge Clinics

A2: Improved communicatio n about what we do and who we can help

A3: Joint work with PCN around assessment and discharge (soft landings)

A4: Post assessment mini-MDT

A5: Reduce FACT meetings

Idea group B: Major changes - New Models of Care NMOCs

B1: Engagement Pathway

B2: Blended pathway between 1y and 2y care for psychology

B3: Joint case holding across service bound aries (LH. ADHD services etc.)

B4: Psychologists drop in online to real-time care co appts with service users

B5: Psychology and peer support therapy and recovery dyads to replace care coordination in low-risk cases.

Idea Group C: Trust-wide solutions

C1: Trust-wide Staff retention Officer.....

… at Deputy Chief Nurse level, to map organisational stress and enact organisational solutions

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4 key recommendations

Discharge clinics – helping staff formulate and execute discharge

Engagement pathway **-** actively formulating with service user the barriers to engagement and working on these together

Closer working with PCNs - to ensure safe successful discharge and stepdown

Psychology drop-in for real time for consultation appointments ('Psychology Live') – reduce waiting list for psychology assessment by early consultation directly to service users

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What was implemented

Discharge

CLEAR data and recommendations were used to create a business case for a clinical nurse specialist for each CMHT to help other staff with their discharges.

Engagement

We now have a Getting Ready for Change workshop and supported psychoeducation workbook to help increase motivation to engage and change. We are trying to create some posts which are co-located with our VCSE partners to reach hard to engage SUs (eg we have a clinical psychology post in our ADDER project).

Successful stepdown

PCN-MHPs mainly nurses based in GP surgery are now routinely involved in stepdown where we know the service user (or GP) is likely to be unhappy about discharge.

Psychology live

This idea was shelved due to psychology team feeling already under huge pressure of referral. Instead, psychology have offered extra assessment capacity to triage (front door) and managed CMHT wait.

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Learning and development

The ideas generated have longevity – live on beyond the CLEAR project. Some of these ideas are now relevant to the ongoing development of our PD/CEN strategy and pathway, and to the work on developing our primary care networks.

Staff found it validating that their experiences were treated as “hard data” – also found it useful to have these views and perceptions represented to senior management and trust executive. Confidentiality of process was helpful.

Focus on skills needed, not roles when workforce planning. Brought new roles to the teams, particularly nurse consultants and clinical nurse specialists. Highlighted the need for OT as well (particularly around more active approaches to engagement issues for service users).

Hard to get the quantitative data we needed from the NHS MHS dataset.

Still working on the recommendations being included in Quality Improvement Projects within our trust.

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Questions?

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Midlands Partnership NHS Foundation Trust – CLEAR Mental Health

Creating efficiencies through changing the skill mix via task shifting within different roles across teams

3 clinicians leading analysis

Engagement with 20 professional staff

4,844 referrals and 58,540 contacts analysed

Trust serves population of 1.5m

The Challenge facing the team's workforce and the root causes.

Challenges: increase in complexity and acuity of needs struggling to provide a responsive service, high caseloads. Additional change and uncertainty from implementation of Community MH transformation programme. Community Mental Health Services in East Staffordshire were experiencing pressure.

This was causing:

- Increase in time clinicians spent on unplanned activities and responding to urgent situations
- At times an escalation of SU's MH needs and dissatisfaction with service
- Increase in cancellation of planned activities to respond to urgent high risk unplanned activity.
- Increased length of time of involvement with service and continuity of interventions
- Staff were having to employ a wide range of differing clinical skills throughout working day
- Negative impact on staff health and wellbeing, satisfaction at work and ultimately retention.

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Recommendations

To implement **ICMHT Responder Roles** to manage unplanned activity (firefighting)

Planned interventions including expansion of variety of group work available to be carried out by **ICMHT Interventions Roles**

Review and cleansing of **data imputing** to ensure consistent and accurate data outputs

ICMHT – Integrated Community Mental Health Teams

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What has happened since the project?

- Recruited to responder roles using transformation funding
- Roles considered valuable part of team, give stability to the team and timely response for service users
- Team have introduced processes to ensure clarity of team roles
- Working in the roles has opened up career development opportunities for staff
- Further increase in acuity and complexity

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Learning and development

Participation in CLEAR opened up development opportunities for the CLEAR associates

Variety of tools to use to help explore creativity and increase innovation

Focus on skills needed, not roles when workforce planning

Importance of triangulating information from clinical engagement with quantitative data to gain best understanding of root causes

Positive response to clinician-led workforce projects

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Next session today

Redesigning same day primary care in Somerset

23/03/23

11:00-11:50am

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