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CLEAR Impact Webinar Series 2024
Mental Health 2022-23

Transforming mental health services, enhancing pathways and improving access

23 February 2024

33n

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Our speakers

- **Mike Banner**, Team Manager, 18 – 25 Consultation and Advice Service, Cheshire and Wirral Partnership NHS Foundation Trust
- **Gail Collyer**, Service Lead for Older People's Community Mental Health Services in Suffolk, Norfolk and Suffolk NHS Foundation Trust
- **MagdaTurczyn**, Deputy Service Lead for Older People's Community Mental Health Services in Suffolk, Norfolk and Suffolk NHS Foundation Trust
- **Cristiana Silva**, Junior Clinical Consultant, 33n (working on Cornwall Partnership NHS Foundation Trust's project)
- **Claire Purkiss**, Project Sponsor, the National CLEAR Programme

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Agenda

1. The National CLEAR Programme
2. CLEAR Mental Health Programme 2022/23
3. Key findings, recommendations and projected impacts
4. Personal reflections
5. Q&A

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The National CLEAR Programme

The CLEAR Programme - originally developed in partnership with Health Education England - is sponsored by NHS England, regions and systems.

The Clinically-Led workforceE and Activity Redesign (CLEAR) Programme places clinicians at the heart of healthcare decision making and innovation and combines clinical insight and data analysis to create innovative new models of care and workforce redesign.

CLEAR is hosted and delivered in partnership with East Lancashire Hospitals NHS Trust.

Empowering the frontline to design innovative new models of care and workforce

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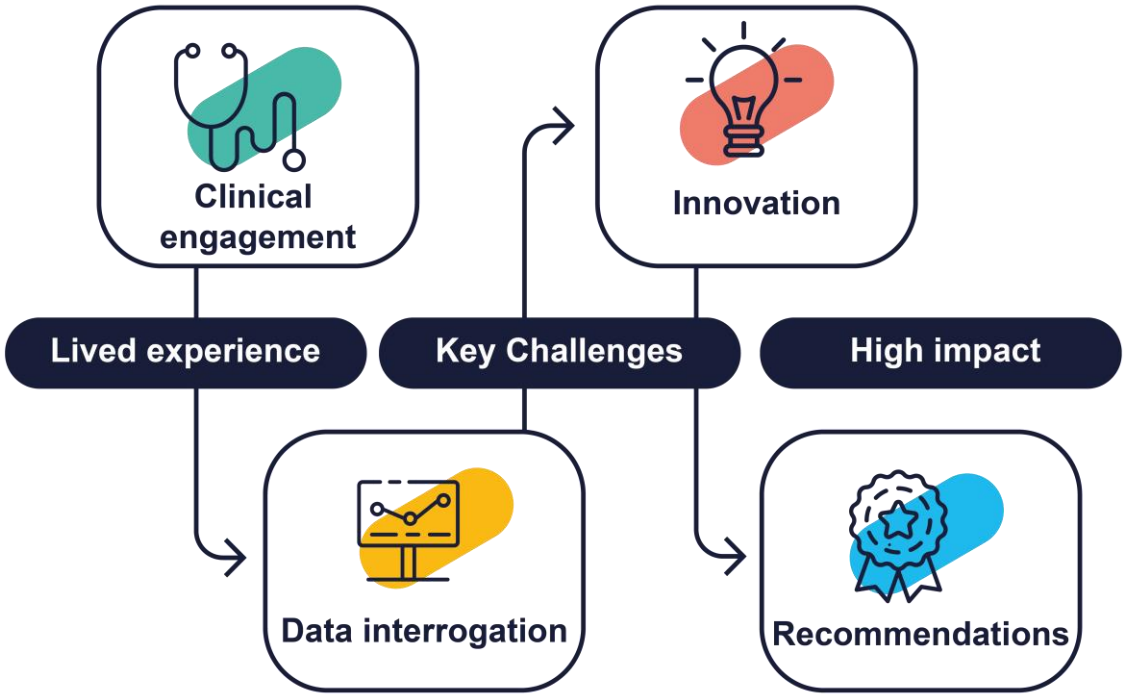
The CLEAR approach

Integral to all projects is our methodology which has four key stages.



CLEAR methodology

1. **Clinical engagement:** Understand demand and lived experience of front line team
2. **Data interrogation** Review and perform in-depth quantitative patient level data analysis
3. **Innovations:** Review and understand key challenges and work with frontline teams to co-develop innovative new models of care and workforce
4. **Recommendations:** Develop recommendations and potential outcomes

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CLEAR is hosted by East Lancashire Hospitals NHS Trust and delivered by the trust and 33n, a team of NHS clinicians, education specialists and data analysts united in their passion to improve services.

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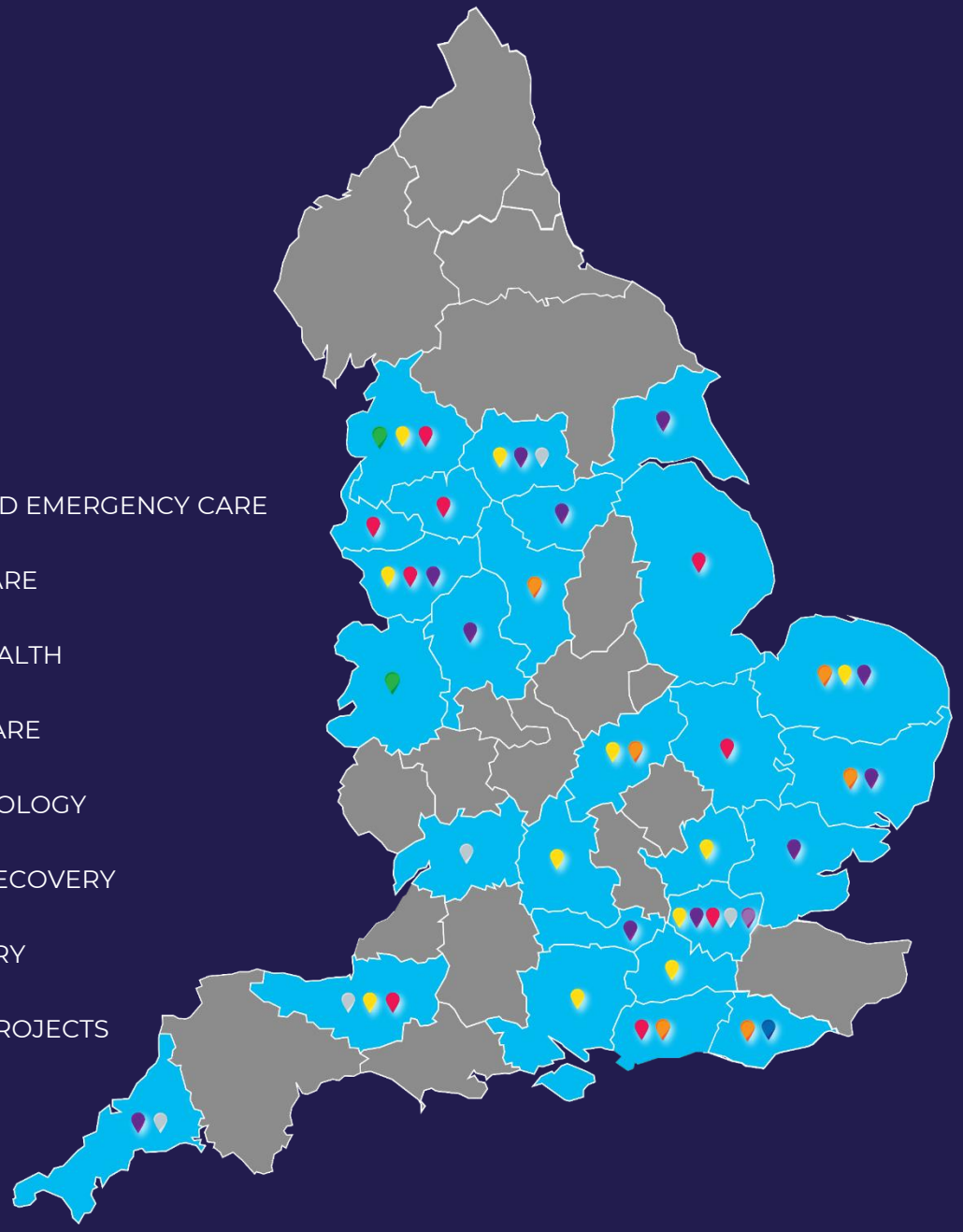
CLEAR is supporting the NHS across key priority areas

- The programme provided rapid support and training to the NHS during the COVID-19 pandemic and continues to support the NHS in restoring and transforming services.

- 50+ projects have been completed and more are underway in England across key NHS priorities including UEC, mental health, primary care, elective recovery and ophthalmology.



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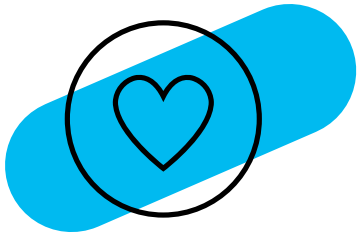
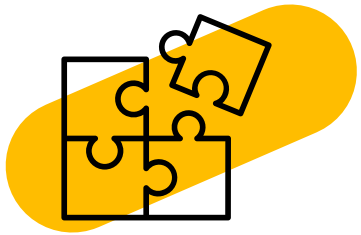
The aims of the CLEAR programme

CLEAR empowers clinicians to improve patient outcomes, system efficiency and the experience of both patients and staff. It supports NHS services to resolve challenges in all situations – the programme has helped the NHS during the pandemic surges and continues to support the recovery of the NHS addressing priority themes. The benefits of CLEAR are outlined below:



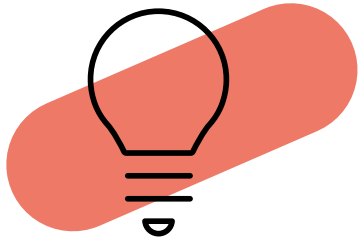
Clinically-led culture

Increasing the control of clinicians and clinical teams in the design and operations of front-line health care delivery, improving morale, well-being and staff retention and recruitment.



New skills

Embedding core improvement techniques and skills into working practices of front-line professionals, upskilling the workforce and improving system productivity.



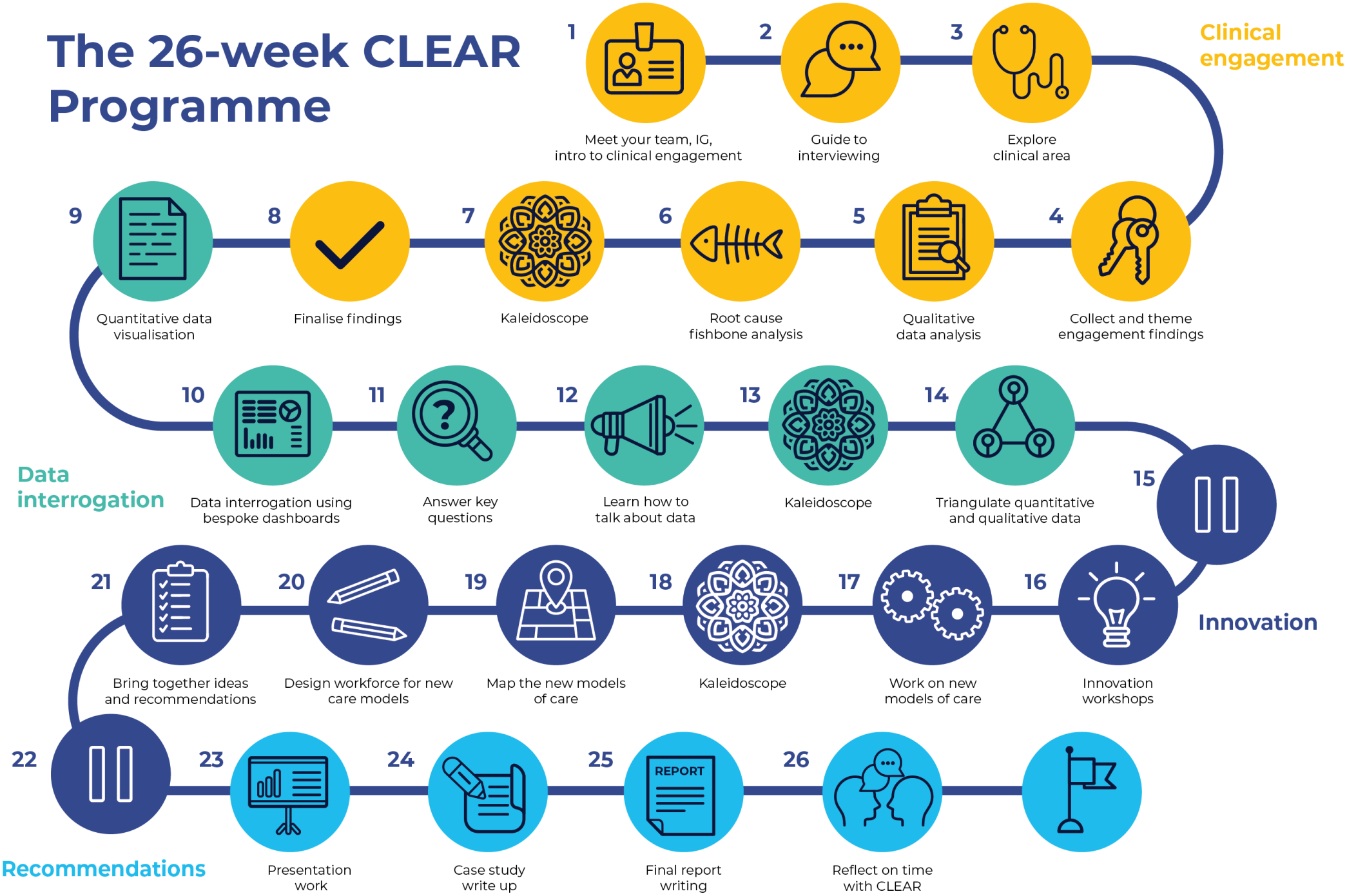
New ways of working

Providing a more efficient solution to the design of complex change programmes than the traditional model of out-sourcing to external consultants.

Clinical ownership

Delivering solutions which are clinically owned and hence more likely to result in tangible lasting improvements.

The 26-week CLEAR Programme



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CLEAR Mental Health Programme 2022/23

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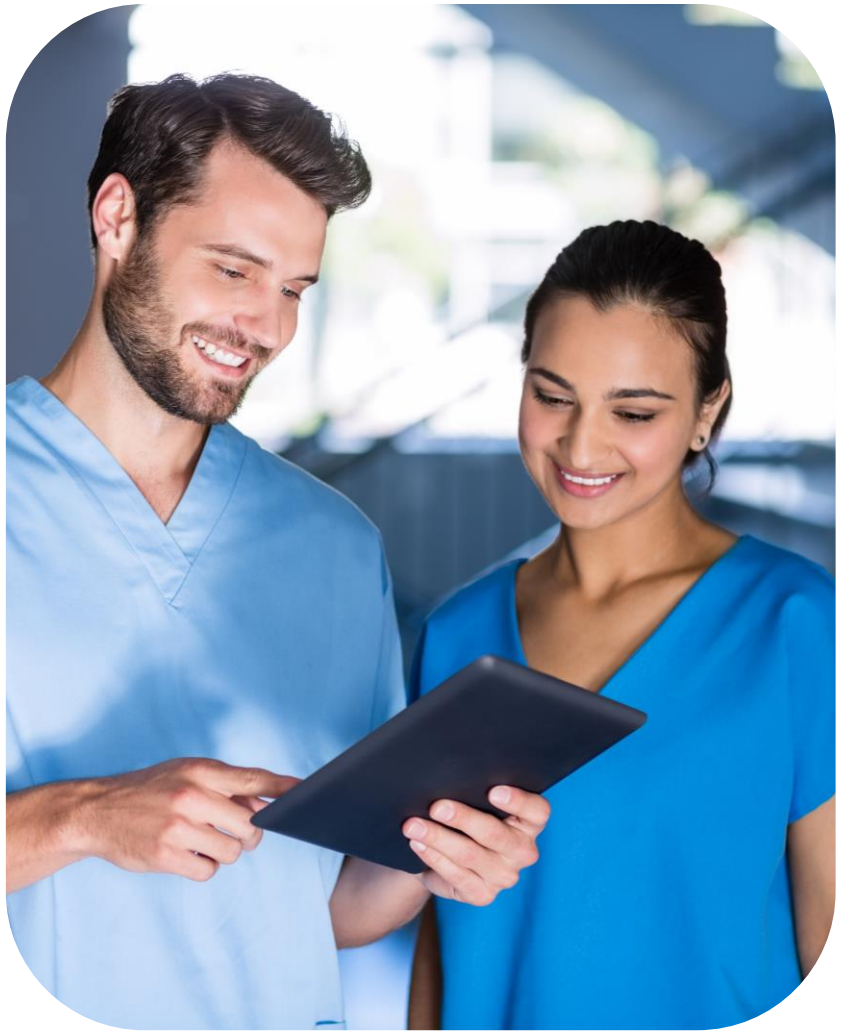
CLEAR Mental Health 2022/23

- This was our second national mental health transformation programme designed to support trusts reach the aims of the NHS Long Term Plan.

- It was commissioned by the former Health Education England, following the success of our 2020/21 programme which resulted in 30 recommendations to reduce waiting times, improve access, extend capacity and increase staff retention.

- The programme involved building transformation capability across three trusts where clinicians from each were guided through CLEAR's 26-week innovation and workforce redesign.



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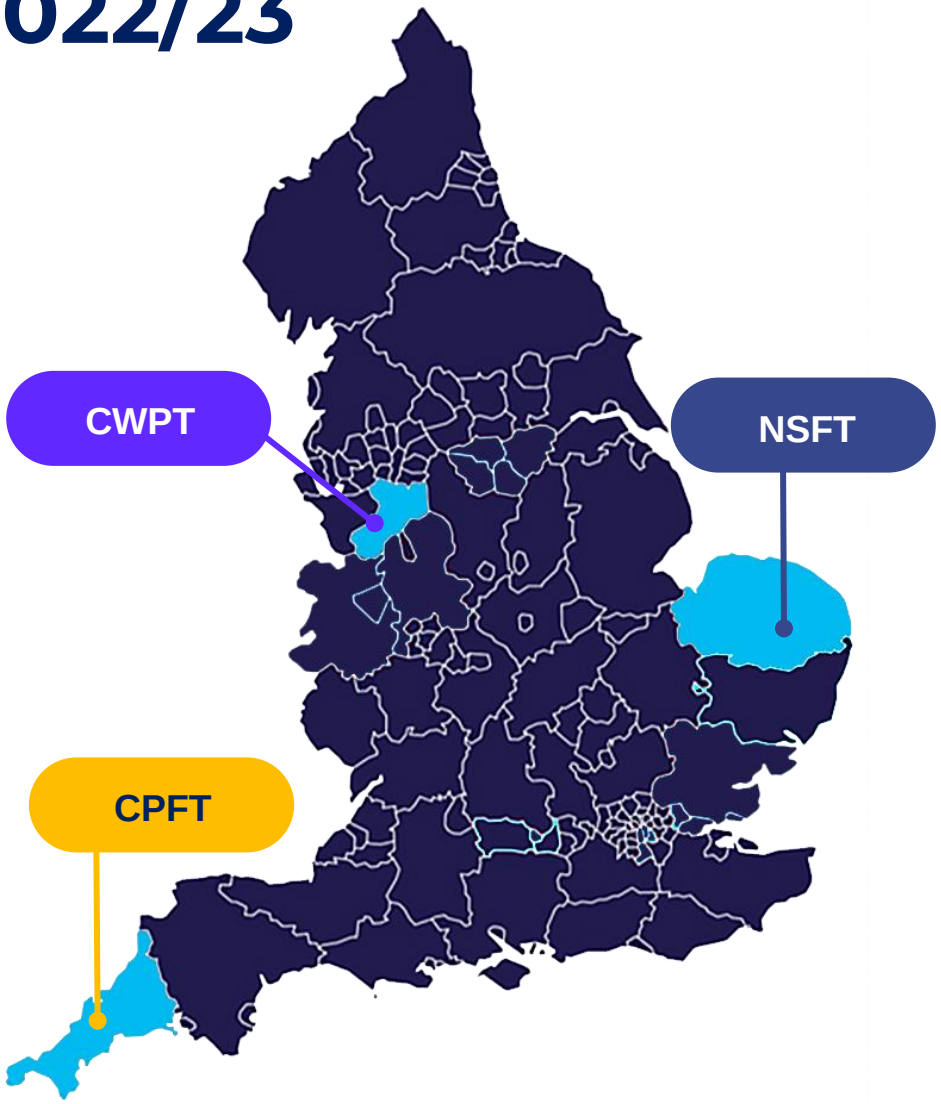
Overview: CLEAR Mental Health 2022/23

Background

- **Three trusts** took part in the programme: Cheshire and Wirral Partnership NHS Foundation Trust, Cornwall Partnership NHS Foundation Trust and Norfolk and Suffolk NHS Foundation Trust
- They have c**13,000 staff** and serve **more than three million people** across England
- **Four projects** (two in Cornwall)

Project scopes

- **NSFT:** Dementia Intensive Support Team in East Suffolk (DISTe)
- **CWFT:** Young people's transition services
- **CPFT:** Two projects – Aligning community mental health teams with primary care networks (PCNs) and the 'gap population'



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Key findings, recommendations and impacts

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Key findings

- Few dedicated transition workers currently in post across the Trust
- Difficulty with communication between some child and adult services
- Variation in processes and outcomes between services and localities
- Increased numbers of young people accessing crisis services at around 18 years old
- Limited education for staff, families and carers and young people around transition
- The Trust doesn't have a shared transition pathway
- High enthusiasm amongst staff to create a more person-centred, service user driven process

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Recommendations

Create a new Trust-wide transition patient pathway

Create a dedicated team to coordinate transitions across the Trust locality

Establish multi-agency quarterly meetings to plan transitions

Transition team to monitor and quality assure the process

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Quick wins

- Gather feedback about the transition process
- Create a standardised transition information pack for young people
- Complete health passports for those in transition
- Hold joint away days for staff from children's and adult services

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Projected impact

Improved support for young people in transition process would reduce the need for crisis intervention and inpatient admissions

Data showed 424 young people in transition were accessing crisis services on an annual basis

Estimated this could fall to 381 with a 10% reduction or 297 with a 30% reduction

Projected significant financial savings if transition outcomes could be improved e.g. if inpatient admissions could be reduced

Regular patient feedback would lead to continuous service improvements

Overall, services would be more streamlined and efficient

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Cornwall Partnership NHS Foundation Trust

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Key findings

There was significant variation in terms of workload, process and workforce resources across the six CMHTs in Cornwall, and the way they map to the primary care and voluntary sector landscape.

CMHT processes are poorly understood externally

Staff resources are used inefficiently in some teams

CMHT processes vary, including use of waiting lists

There is a growing need for collaboration and support with primary care

Data is lacking on some key issues e.g. clinical need and diagnosis

Quantitative data analysis revealed variation in terms of number of accepted referrals, frequency of contact, waiting list and caseload sizes between the teams

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Recommendations

Change CMHT boundaries to align with both PCNs and ICAs. Address accompanying workforce needs.

The proposed solution involves re-aligning eight GP practices to a different CMHT, affecting around 12% of the population. Staff recruitment and retention must be targeted to teams with the highest patient demand.

New model of care: Virtual CMHT to expand staffing capacity.

Boundary change, existing staff shortages, high caseloads, waiting lists and inefficient use of staff skills in some areas mean that it was a priority for CFT to look at ways to increase staffing capacity. It was recommended that a virtual CMHT was established. This will be a multidisciplinary team (MDT), with healthcare professionals operating remotely with virtual access to patients.

Implementation of a performance and data analyst.

A performance and data analyst could be employed to support enhanced data collection and output of key performance indicators across the six teams. This would support management to understand areas of difficulty and help focus resources. The role could provide support to individual teams and staff groups within the CMHT to model demand and capacity, allowing focus on individual transformation workstreams and measurable areas of change.

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Quick wins

A CMHT listening and development exercise would allow a deep dive into the variations in CMHT processes, identification of strategies to improve caseload management, and ideas for recruitment and retention, whilst giving staff agency to shape future transformation work.

During the clinical engagement phase, staff expressed feelings that closer collaboration between primary care and CMHTs was needed, to understand CMHTs resources, processes and dynamics. For this, **a re-focus on the existing relationships between primary care and CMHTs was proposed**. This can be achieved via established hub meetings as a formalised route for discussion, idea generation and problem-solving, to improve quality of care and collaboration between services.

To cultivate collaboration between primary and secondary care and improve understanding of CMHTs resources and services, it is proposed there is an **increase in the amount of information available to primary care regarding referral management service**. This can be achieved through the development/update of a website with referral information, examples of case management, VCSE links and contacts.

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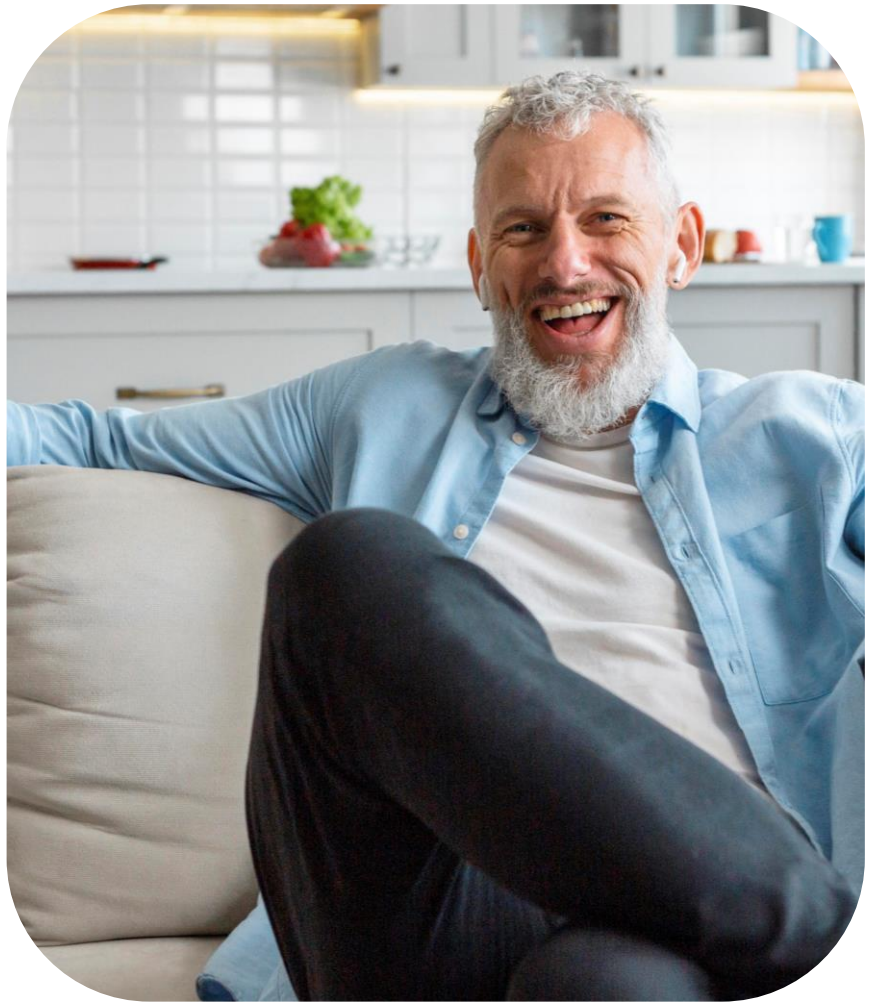
Projected impact

Boundary alignment would result in greater integration and collaboration across primary and secondary care. It would also improve access through better management of caseload sizes and bring mental health care closer to patients' homes

The virtual CMHT would give staff more flexible working options, create virtual roles to widen recruitment opportunities and reduce pressure on local CMHTs. Using the service for wellbeing phone calls alone could release the equivalent of almost six mental health workers while accelerating care for patients suitable for virtual intervention. An initial outlay of £1.7m on staffing costs could be reduced by repurposing unfilled vacancies within local CMHTs and be offset by a potential productivity savings of up to £2m in the first year

The data performance analyst role would enable real-time assessment of capacity and predictions of future demand to shape ongoing transformation and services



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Key findings

Ambiguous referral criteria, open to misinterpretation by referrers and DISTe (Dementia Intensive Support Team – East) which contributes to an increased number of rejected referrals and inappropriate referrals sent to the team

Lack of appropriate pathways of care tailored to meet the needs of older adults in an aging population which resulted in increased hospitalisation for older adults with prolonged length of stay in inpatient setting

Disjointed inter-team communication and lack of collaborative work amongst specialist older people's mental health teams which leads to delay in appropriate service provision

DISTe does not have an allocated physical working space which makes meetings to discuss cases challenging. Furthermore, there is currently no medic allocated to the team

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Recommendations

A new mental health hospital at home team could be created, building on the existing DISTe workforce. Its remit would be broader to include the care of older adults with mental health needs who are at imminent risk of hospital admission and patients needing support with hospital discharge.

It was recommended that the service has an additional 18.8 staff with the skill mix to provide specialist intensive support at home as a viable alternative to hospital admission for up to six weeks. Patients would then be discharged or transferred to an appropriate alternative service. The recommended working hours for the team were 8am-8pm, seven days a week.

The project team suggested the criteria for the new hospital at home team should be further developed with key stakeholders from the system and experts by experience. Where a patient did not meet the criteria of the new service, the team receiving the referral would handover to another service that would meet their needs.

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Quick wins

Rewrite the referral criteria to reflect the need of the current aging population of the area with a period of specialist clinical input. This will provide a standardised inclusion and exclusion list for refers and DISTe team

Enhanced data capture of referrals not taken on my DISTe to allow rich data gathering on reasons for rejection and clinical time taken to reach this conclusion

DISTe duty worker to attend daily REACT meetings to identify appropriate joint working opportunities, provide mental health advice and increase collaboration. Trialling for this began on 1 March 2023

Introduce a new step-up pathway from community mental health services

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Projected impact

The new model of care is forecast to reduce admissions by one third after a year, equating to 34 a month, a saving of £2.4m

With the new hospital at home team also supporting earlier discharge, it is projected that there would be a 30% reduction in length of stay, which would result in a further saving of £656,070. Together the potential productivity savings would be £2.8m. After investment in the new model, the overall projected savings would be around £1.6m

Training and upskilling the workforce is likely to lead to improved staff morale, job satisfaction and staff retention

A streamlined crisis pathway for older adults would result in reduced repetition of assessments and duplication of work

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Implementation and impact to date

We addressed some of the key findings to improve the service for staff and patients and there is still ambition to implement the NMOC when funding is identified.

The DISTe Team is now fully recruited to and have provided a dedicated workspace, which has provided security and has improved staff wellbeing

The DISTe's management structure has been relocated from inpatient to the community. This improved collaborative work with other community services across the health and social care sector resulting in better provision of holistic care and more effective prevention

The DISTe team is more proactive in approaching other services to develop collaborative ways of working. The team started attending weekly discharge planning meetings in Ipswich hospital. This resulted in better information sharing and planning for discharge- preventing extended or unnecessary stays

There is an improved relationship and understanding with GPs and social services, providing better and more consistent patient care. There is also an improved reputation of the DISTe service across other teams and departments within the Trust

The improved approach has significantly reduced number of patients being admitted, with 21 out of 22 cases in the last month remaining in the community with support, which is better for patients and releases capacity in the system

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Personal reflections

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Any questions?

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