A sustainable model for improvement from mental health
A Sustainable Model of Improvement from Mental Health

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How did it all begin?

- Pathway model from Northumberland Tyne and Wear (NTW)
- Model to build on good practice from NHS Improvement
- Strategic Partnership
Holistic view of an organisation?
Who’s involved?

- Birmingham and Solihull Mental Health NHS Foundation Trust
- Cheshire and Wirral Partnership NHS Foundation Trust
- Devon Partnership NHS Trust
- East London NHS Foundation Trust
- Hertfordshire Partnership University NHS Foundation Trust
- Mersey Care NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust
- Lancashire Care NHS Foundation Trust
- Mental Health Finance Faculty
Why only a few Trusts?
NTW Journey:

- Initiated by the need to improve quality, be sustainable and manage finances.
- Service Model review
- Business Model Review
- Major Transformation program
- Continuous improvement work
- Major Stocktake
The Service Model.

Request for Help
Initial Response
Initial evaluation regarding nature, risk, complexity and urgency of the problem

Discharge

Treatment Intensity

Hospital

More Intensive Packages of Care

Crisis Assessment
Intermediate Home Treatment
Assessment Formulation & Treatment Planning
Challenging Behaviour Assessment
Formulation & Treatment Planning
Intensive Home Treatment
Crisis Bed
Intermediate Facility
Acute Ward
Specialist Ward
Low Security
Psychiatric Intensive Care
Medium Security
Psychosis
Dementia
Neuro-disability
Learning Disability
Children & Young People
Mild - severe & non-psychotic
Very severe & complex non-psychotic

Scaffolding

Information & Advice

Signposting to principal service pathway for assessment and formulation

Initial evaluation regarding nature, risk, complexity and urgency of the problem

Initial Response

Information & Advice
CO PRODUCTION.

362 people attended 27 clinical and supporting systems workshops, including: GPs, Local Authority staff, Acute Trust staff, Community and voluntary sector staff, **CCG leads**, NTW staff and most importantly our service users and carers.

We have ‘walked the wall’ with over 2000 stakeholders.
**Transformation Benefits**

**Strategic Driver**

**Improve QUALITY for the patient**
- Improved outcomes and effectiveness: Substantially more evidence-based interventions; recovery focus; care pathways and packages; time well spent with patients
- Improved experience: patient and carer-centred services; care closer to home in the community; partnership approach; service user and carer involvement in design, collaborative ways of working, easy access and re-access of services
- Improved environments: good quality venues, accessible locations

**Strategic Driver**

**Reduce COST**
- Improved flow: Alignment of the pathway across community and inpatient services; fewer admissions; reduced length of stay; better discharge planning; better transitions & partner working; balanced flow of access and discharge
- Efficient clinical services: New systems and processes; IT revolution; reduced bureaucracy and waste

**Strategic Driver**

**SUSTAINABLE services**
- Improved skills: Clinical skills development programme; evidence-based interventions
- Improved teams and team-working: Aligned to patient need; new systems and processes; MDT working; team resources aligned to demand
- Willing partners and integrators: This can only work well as part of an aligned whole system

**Benefits**

**Improve outcomes and experience**
- Improved outcomes and effectiveness
- Improved experience

**Improve safety**
- Improved environments

**Benefits**

**Reduced reliance on inpatient beds**
- Efficient services

**Benefits**

**Skilled workforce**

**Partnership and integration**
Moments that mattered:
• Merger 2006
• SUIs
• Feedback sessions
• Board decision to proceed to whole scale transformation and critical success factors

Critical Success Factors:
• BMR process – values and management capability
• Knowing our business - SMR process
• Lean methodology capability
• Leadership
• Service User and Carer engagement and listening
• Staff engagement
• Continuous Improvement - collective leadership – Devolution
NTW CLINICAL PATHWAY MODEL

DATA IS KEY
MANUAL TO SUPPORT STANDARD WORK

SERVICE USERS
- SERVICE USERS
- CARERS
- GPs
- LOCAL AUTHORITY
- ACUTE TRUSTS
- POLICE
- AMBULANCE
- VOLUNTARY SECTOR
- OTHER PARTNERS

REQUEST FOR HELP

INITIAL RESPONSE

PRINCIPAL COMMUNITY PATHWAYS

DISCHARGE

INTENSIVE SUPPORT PACKAGES

ADVICE AND INFORMATION

SCAFFOLDING

NEIGHBOURHOOD AND COMMUNITY SUPPORT SERVICES

RECOVERY COLLEGES
DROP IN CENTRES
CRISIS HOUSING
The NTW Approach

KNOW THE POPULATION + KNOW THE BUSINESS + UNDERSTAND THE PROBLEM

DESIGN THE MODEL INCLUSIVELY

IMPLEMENT AND CONTINUOUSLY EVALUATE

CONTINUOUS QUALITY IMPROVEMENT
The Improvement Journey
Real-life experience

"Experience is the hardest kind of teacher. It gives you the test first and the lesson afterward."

Author Unknown
Lancashire Care NHS Foundation Trust

• Why am I getting involved?

• What I am getting out of it?

• What makes it different?
Information from the Centre
Co-production
So what will the product be?

- A source of information on improvement approaches
- **Written by colleagues who have experienced the ups and downs**
- Accessible across the country
- Divided into sections on identified areas of endeavour
- Lots of examples and vignettes
Themes from Improvement Journeys:

• How is it now?
• What was it like before?
• Did you use any particular methodology?
• What future work is needed?
Table top work

• What was it like before?
  • Greatest concerns
  • What was the feedback like?
  • What was the catalyst for change
1. **Approach/methodology**
2. Did you use any Improvement methodology?
3. Did you have financial support? Where did it come from?
4. What were the most important factors in achieving the improvement?

**Future Work.**
1. Are there areas that need further improvement?
2. What have been the most important learning points on your journey?
What are the areas that would be most helpful to include in resource?
Thank you.
The afternoon plenary will begin at 3.05pm in the Broadgate Suite