

NELFT

Integrated Adult Care Pathway

- Acute and Crisis Care

Asif Bachlani
Wellington Makala



Introductions

Dr Asif Bachlani

**Consultant Psychiatrist – B&D Access, Assessment
and Brief Intervention Team**

Associate Medical Director – Barking & Dagenham

Wellington Makala

**Deputy Director - Mental Health Inpatient Acute
Directorate**

BME Ambassador



NELFT

- Highest ratio of HTT : inpatient care in London
- Adult beds: 10 per 100k
- OPMH beds: 5 per 100k
- No OOA bed since 2008
- SPA - Access Assessment and Brief Intervention Teams

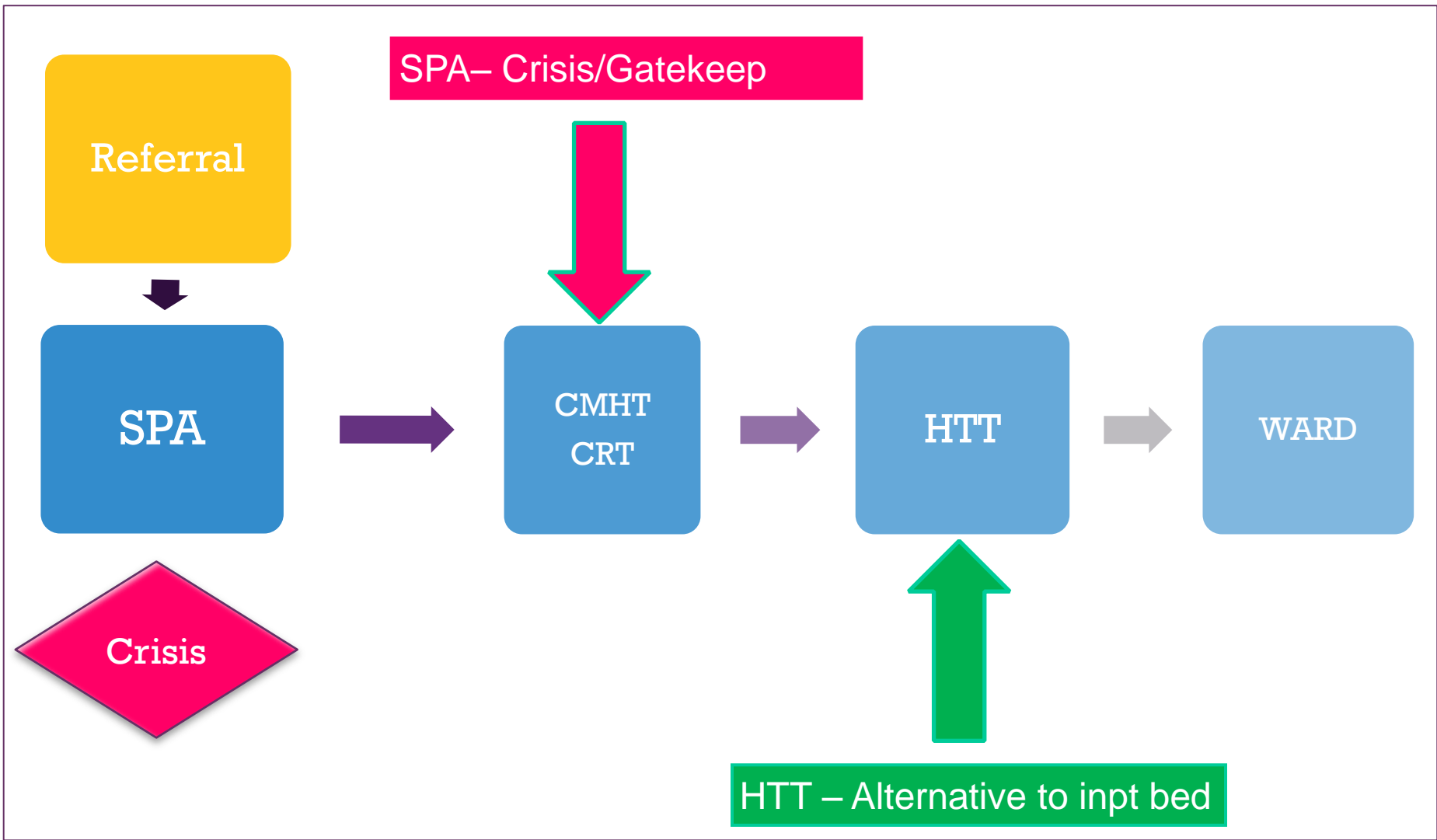
The Commission
to review the
provision of acute
inpatient psychiatric
care for adults

OLD PROBLEMS, NEW SOLUTIONS:
Improving acute psychiatric
care for adults in England

FINAL REPORT

FEBRUARY 2016

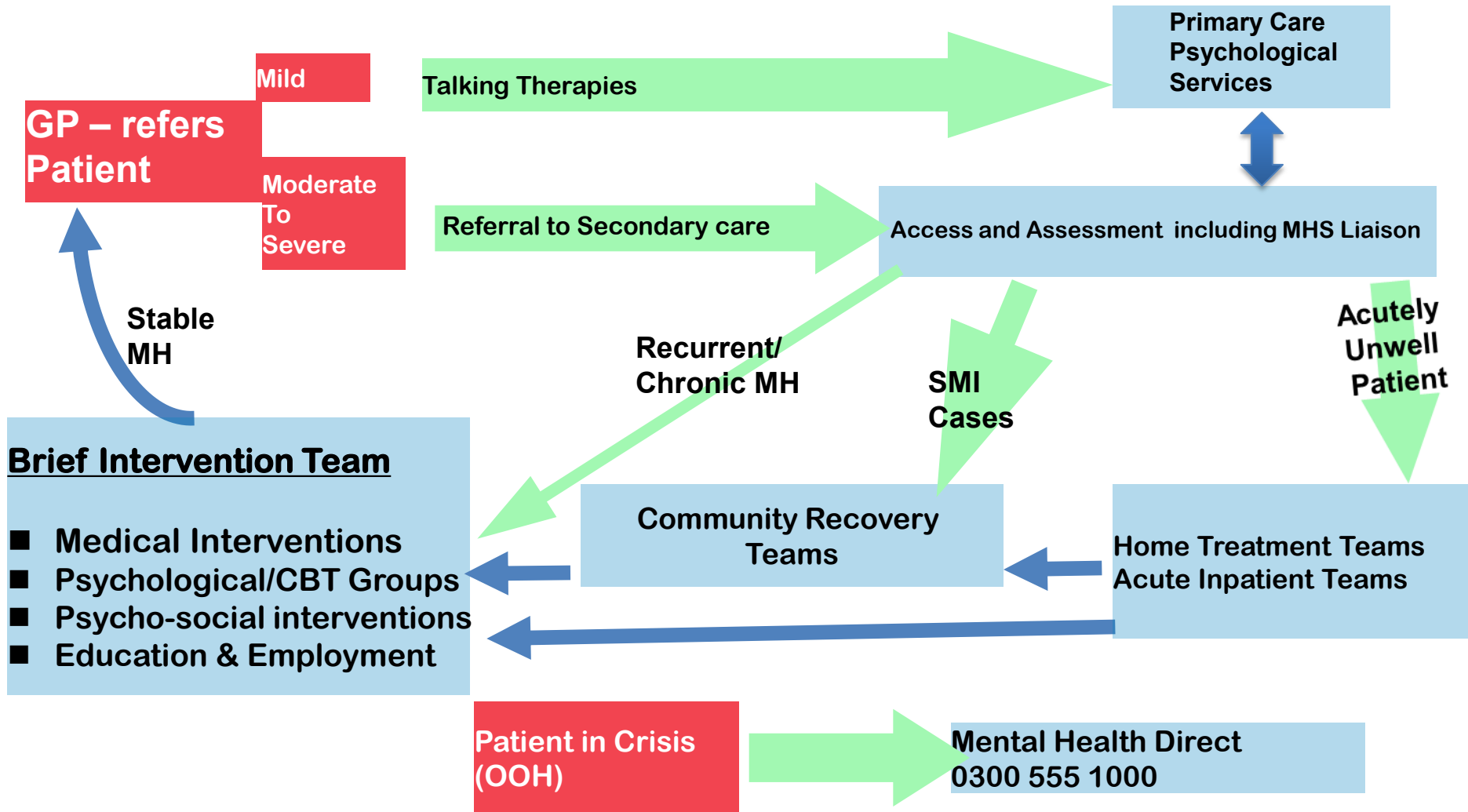




- 1. Developing single point of access**
- 2. Increasing capacity in secondary care**
- 3. Managing demand**
- 4. Managing crisis**



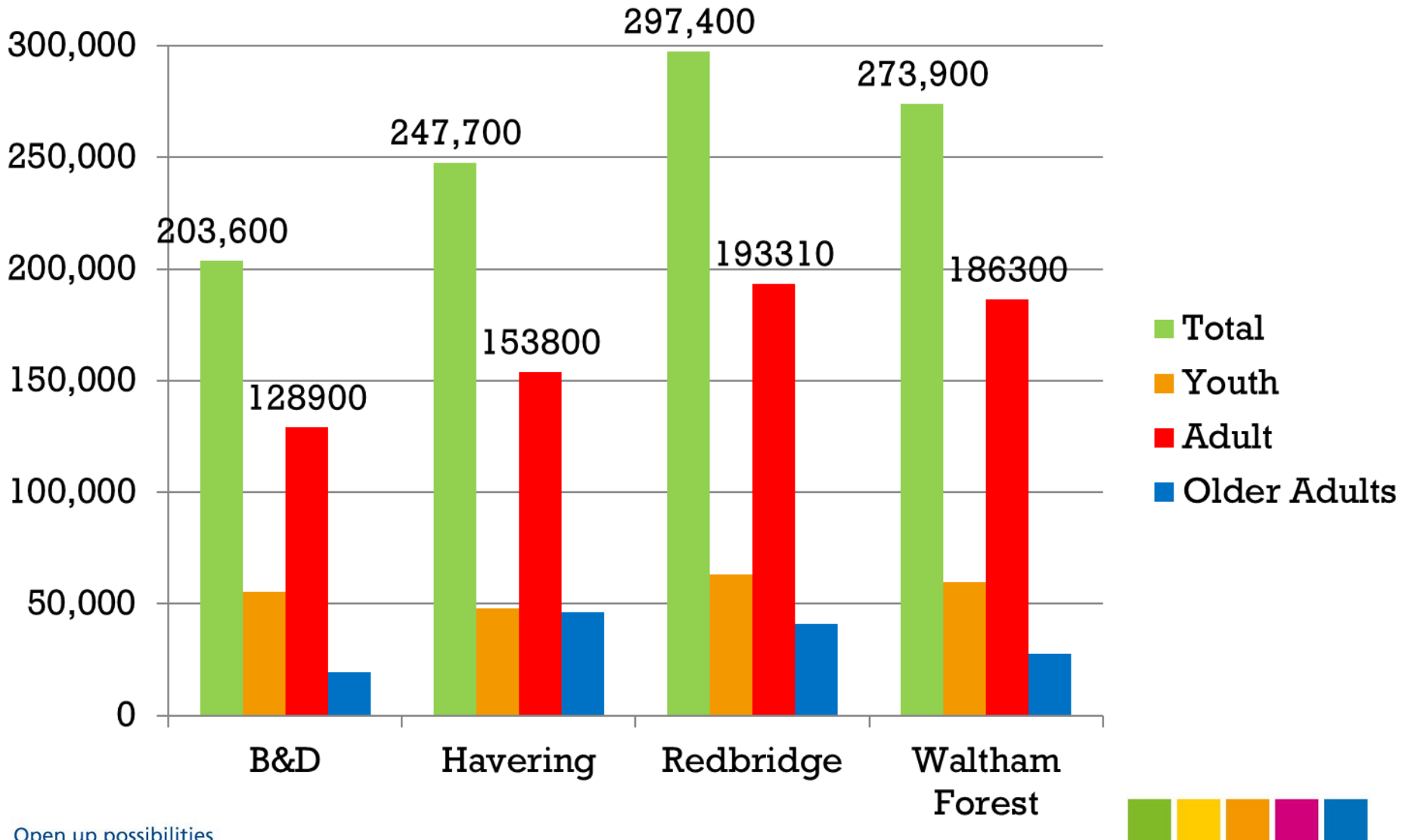
NELFT Adult Mental Health



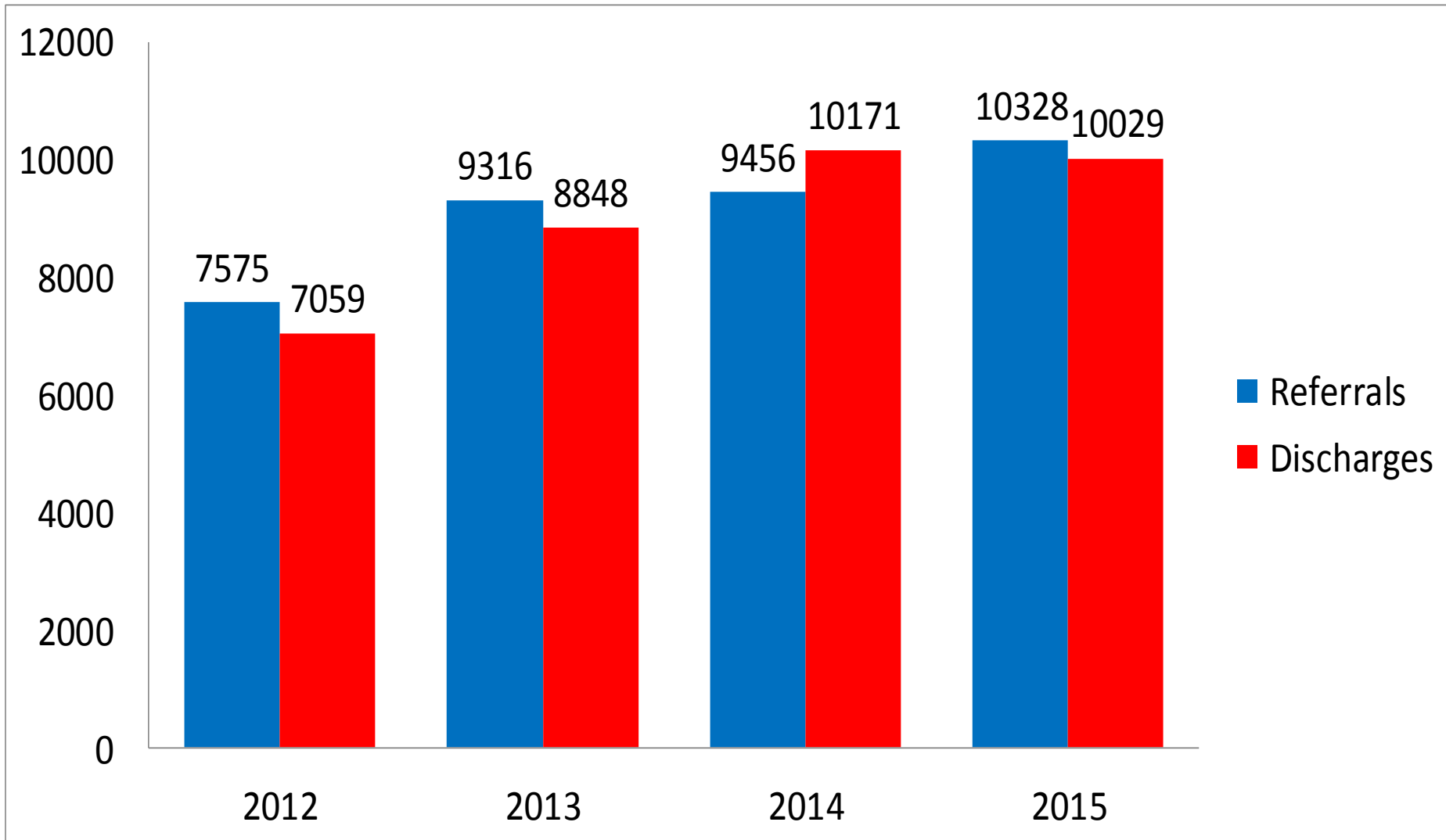
LOCAL CONTEXT



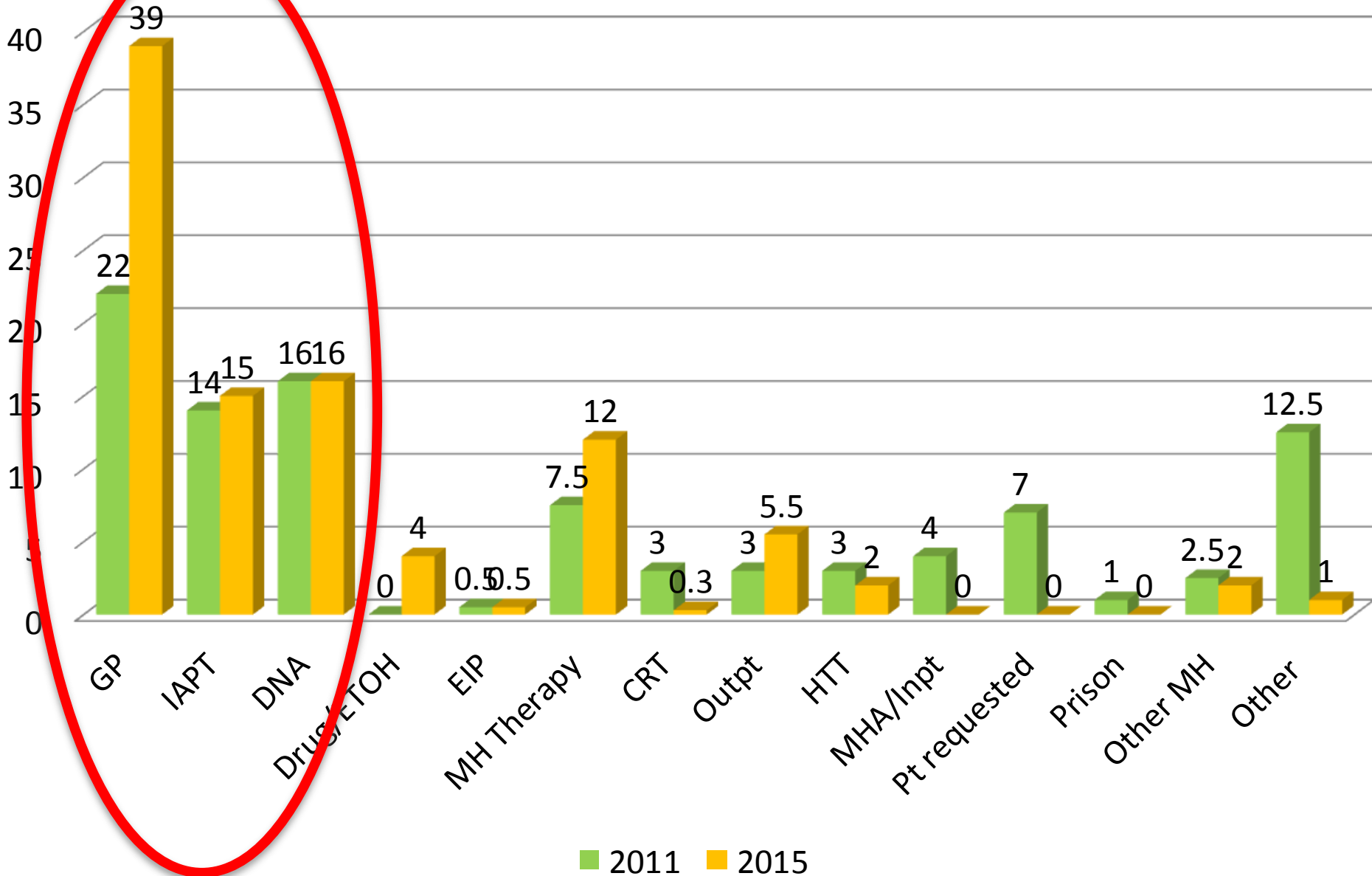
Population sizes



AABIT Referrals & Discharges 2012- 2015



Discharges from AABIT Teams



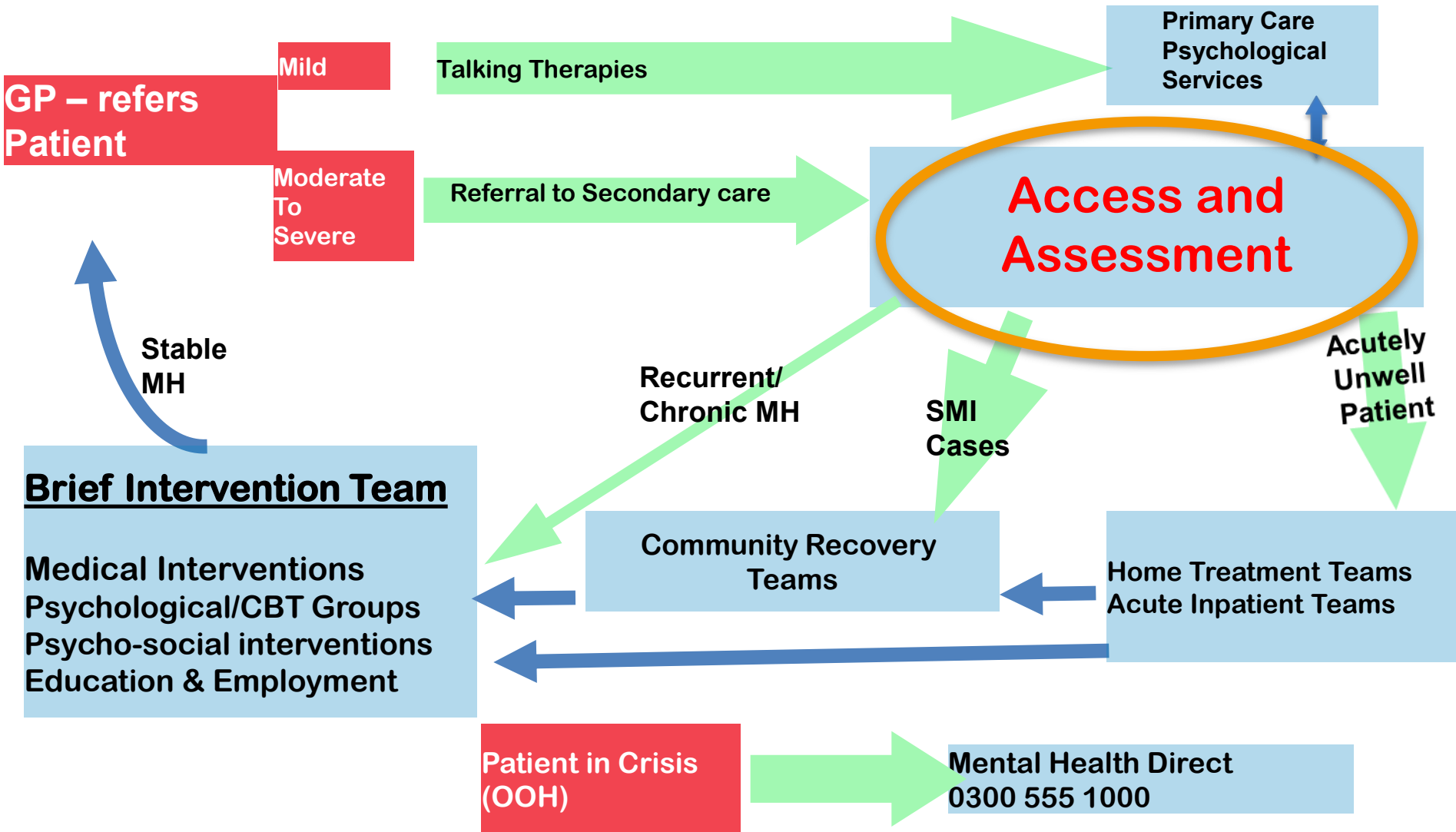
Establishing SPA:

Access and Assessment Teams

2010



NELFT Adult Mental Health



Drivers for Change:

- **Service Users- Ease of access, and increase demand on services**
- **GPs- Single point of access**
- **Multi disciplinary involvement in assessment, and short term interventions**
- **Consultants-New Ways of Working**
- **Mascalls Park closure and reduction in bed base with Community investment in Havering and B&D**



Access and Assessment Team

Service provides

- **Full assessment of health and social care needs**
- **Intervention – Diagnosis and brief treatment with focus on recovery**
- **Triage and rapid assessment requiring MDT and multi-agency assessment**
- **Signposting service to other organisations and groups**
- **Support a step down function to non-mental health primary care**



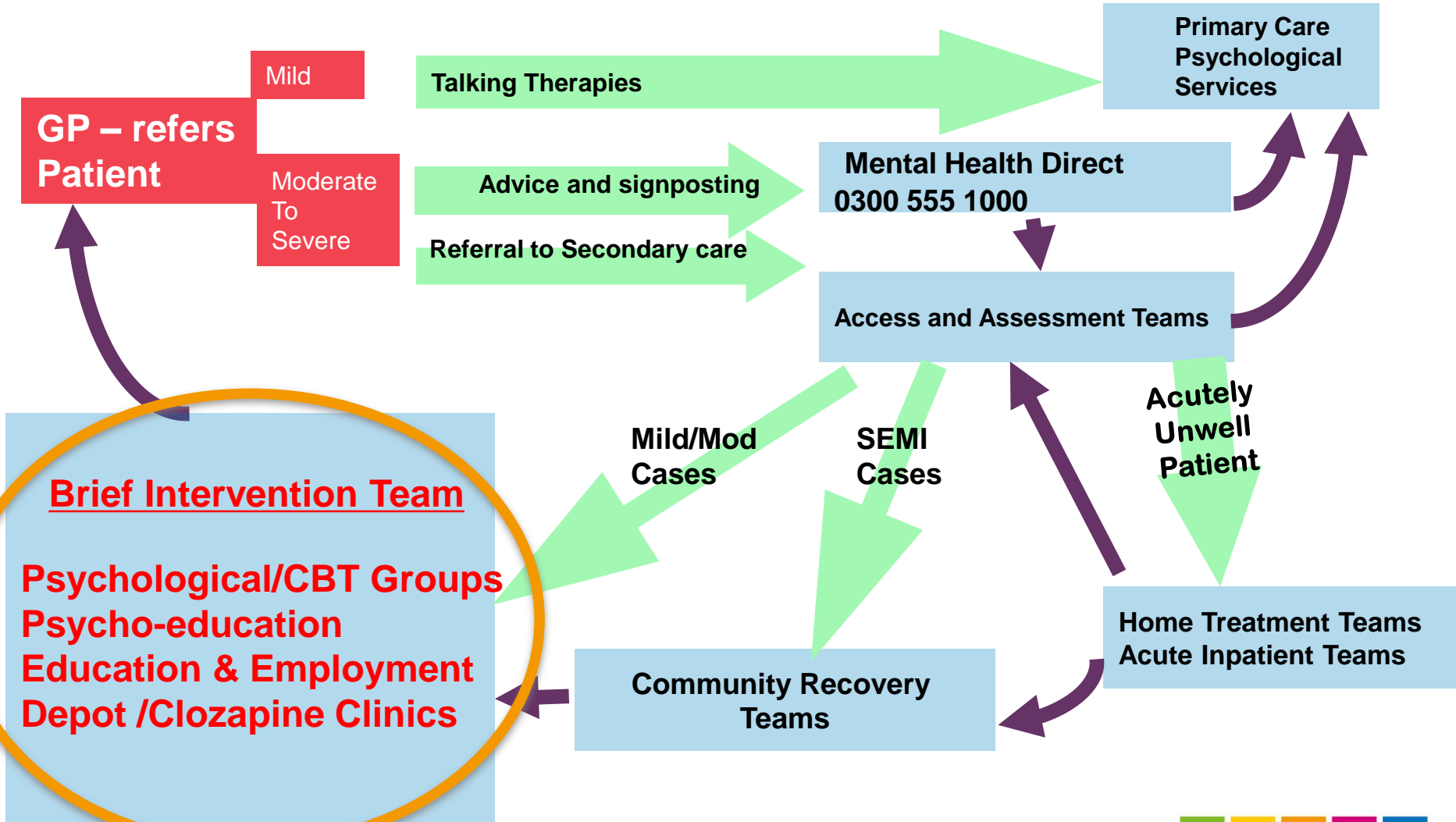
Increasing Capacity

Recovery Focused Teams

2012



Integrated Adult Mental Health Pathway



Open up possibilities



Moving to the Recovery Approach

CMHT CRT

- **Mild – Severe Mental Health Disorders**
- **Outpatient clinic**
- **Too paternalistic**
- **Social isolation**
- **Dependent**

- **SEMI**
- **Patients under CPA only**
- **Recovery Approach**
- **Support recovery, independence, EET**
- **Social integration**



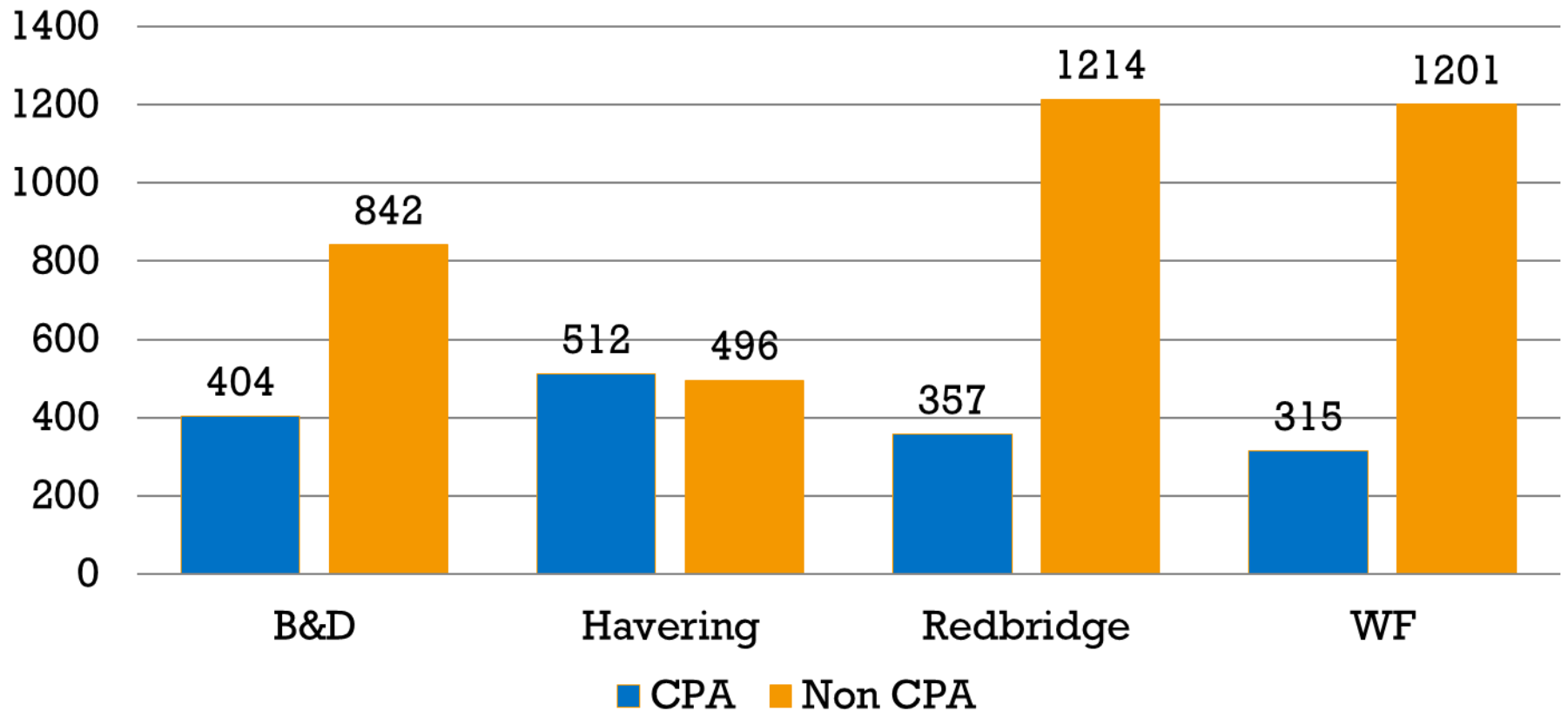
Brief Intervention Team (CC/BIT)

- **Provide an entry pathway into primary care services by supporting GPs managing mental illnesses**
- **Gate-keep referrals to Community Recovery Teams**
- **Promote and enable recovery, wellbeing and social inclusion using MDT approach & vol sector**
- **Focus on needs and agreed outcomes (BPS)**
- **Discharge planning at the point of entry.**
- **Short term interventions**



General Adult caseloads

Patient Caseloads December 2011



Setting up and implementing Brief Intervention Team (BIT/CC)

Guidance to reviewing outpatient clinics

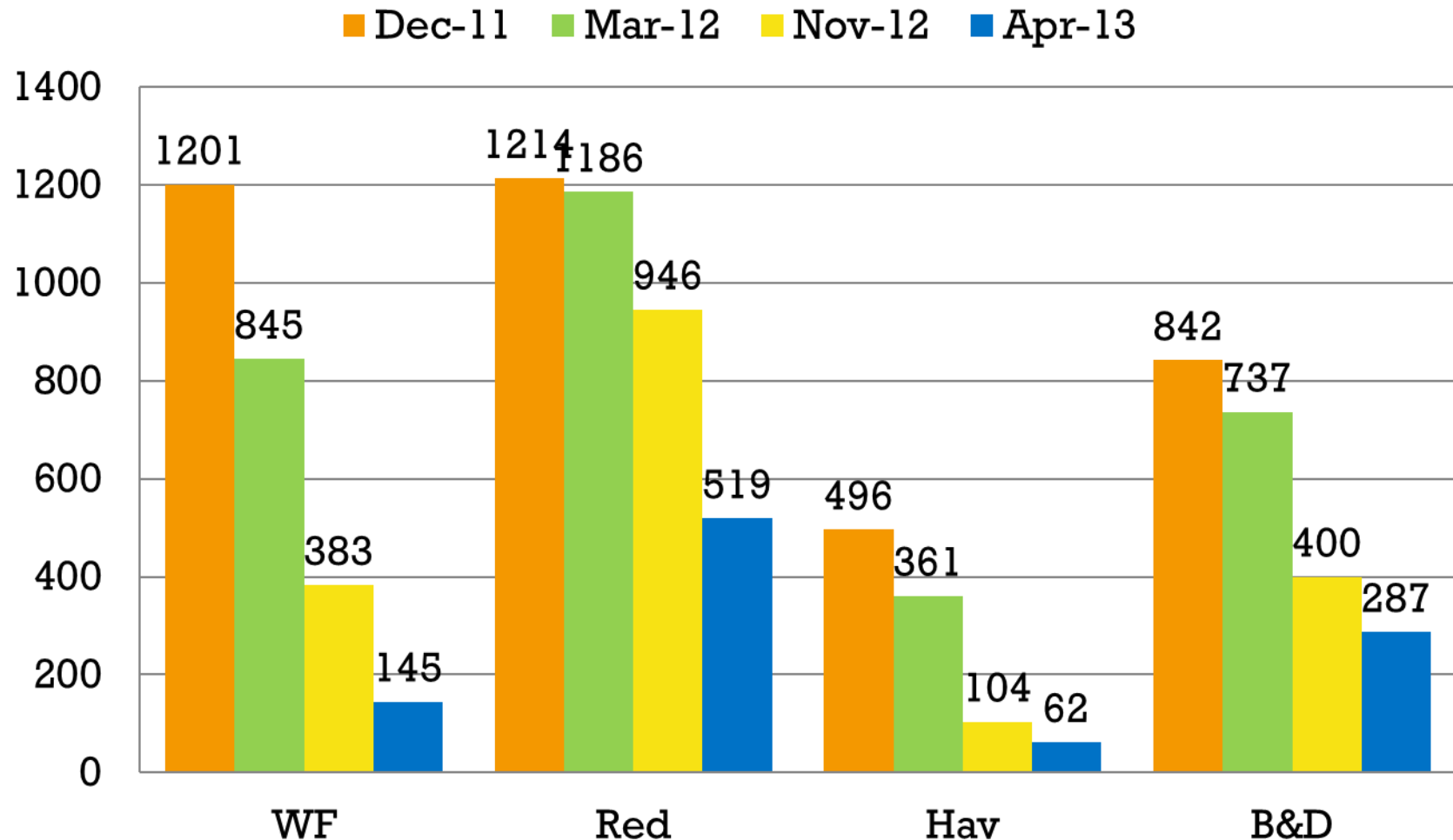
- **Cases not seen for over a year**
- **Cases open but no activity**
- **Cases who can be discharged within the next 6 months**
- **Cases no longer needs specialist mental health input**

Brief Intervention Team

- **Moderate risk and who need more than 6 months intervention**
- **Higher risk to be referred to CRT for CPA level intervention.**
- **Phase 2 to include depot patients and step down from CRT**



Outpatient clinic numbers 2011 -2013

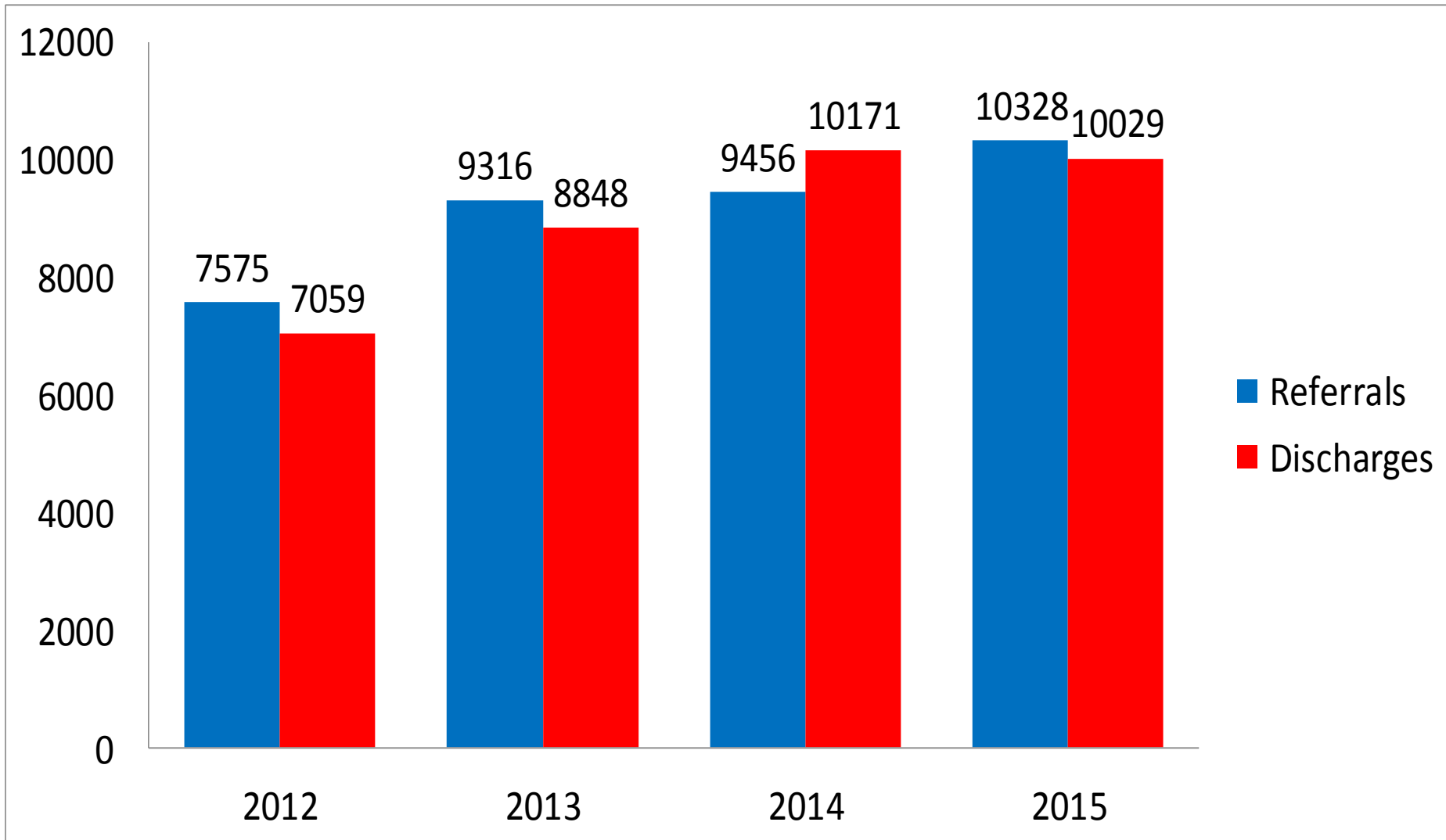


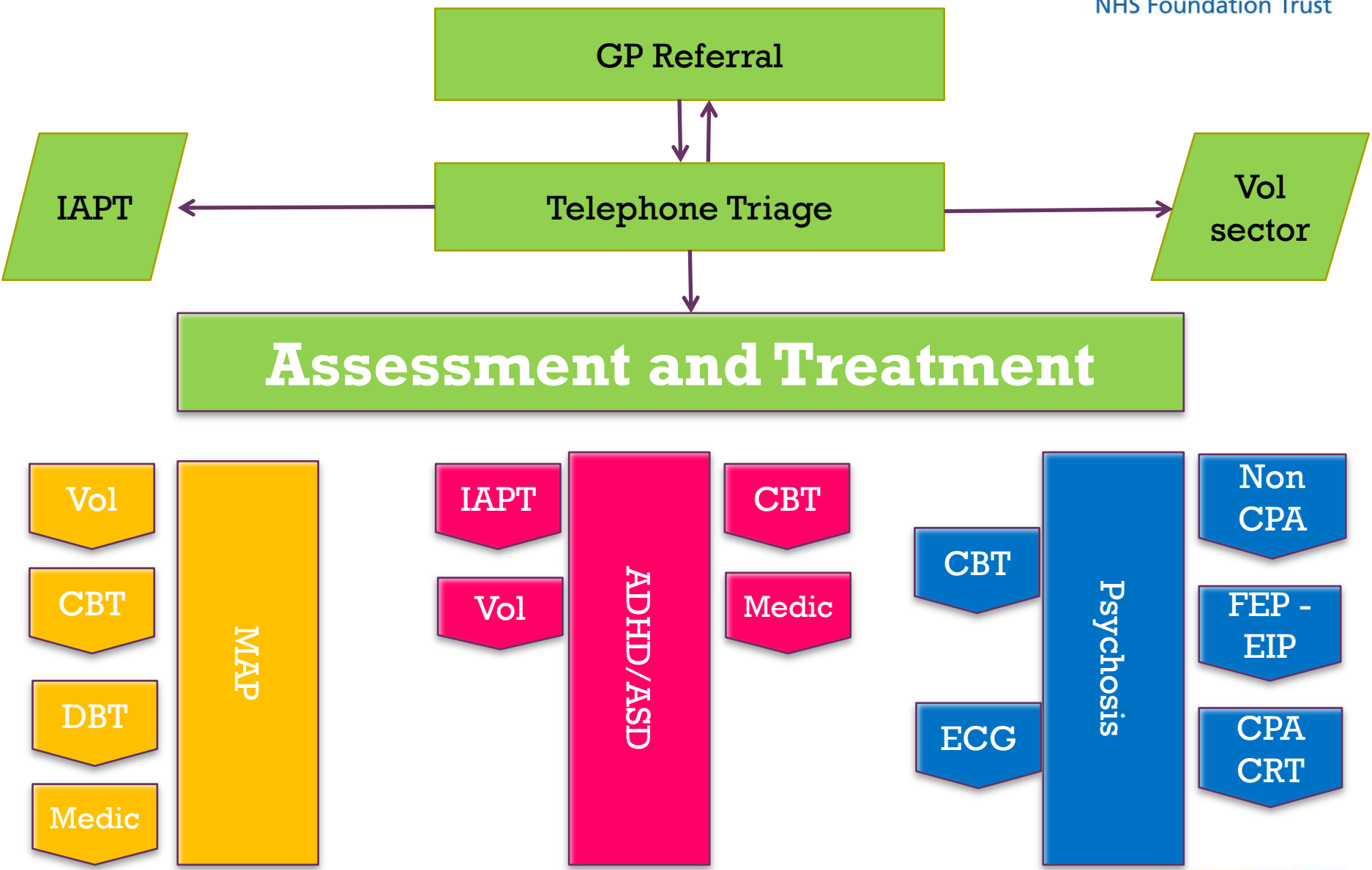
Managing Demand

Access, Assessment and Brief Intervention 2014



AABIT Referrals & Discharges 2012- 2015





Access and brief intervention

○ **Assessment**

- Telephone triaged within 1 day
- Urgent cases assessed with 2 days
- Routine cases assessed within 6 weeks

○ **Care plan**

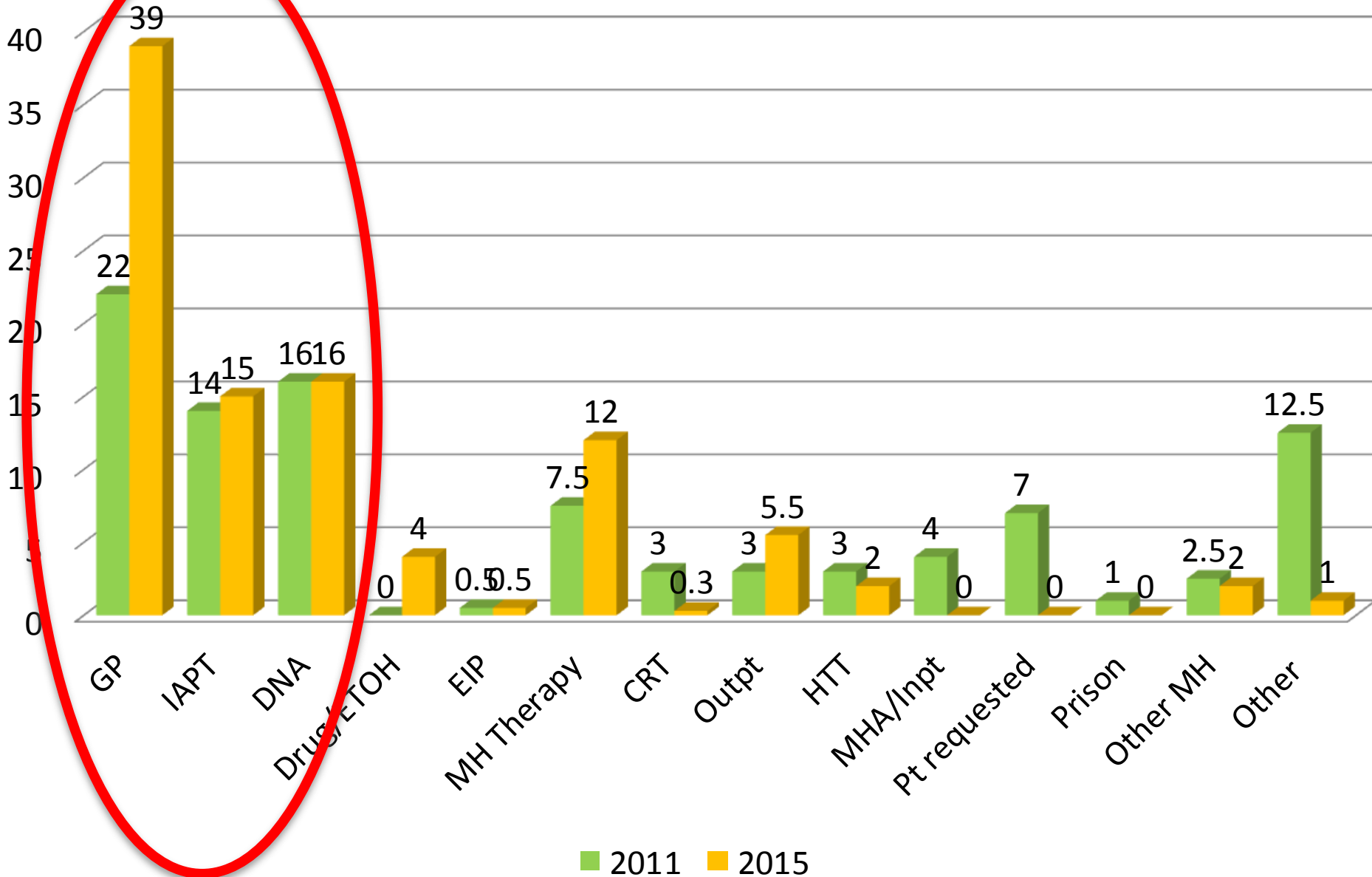
- Bio psychosocial care plans
- Use of RAG rating for risk/resource allocation
- Short term HCP intervention

○ **Close links to psychological services, SMS and third sector services**

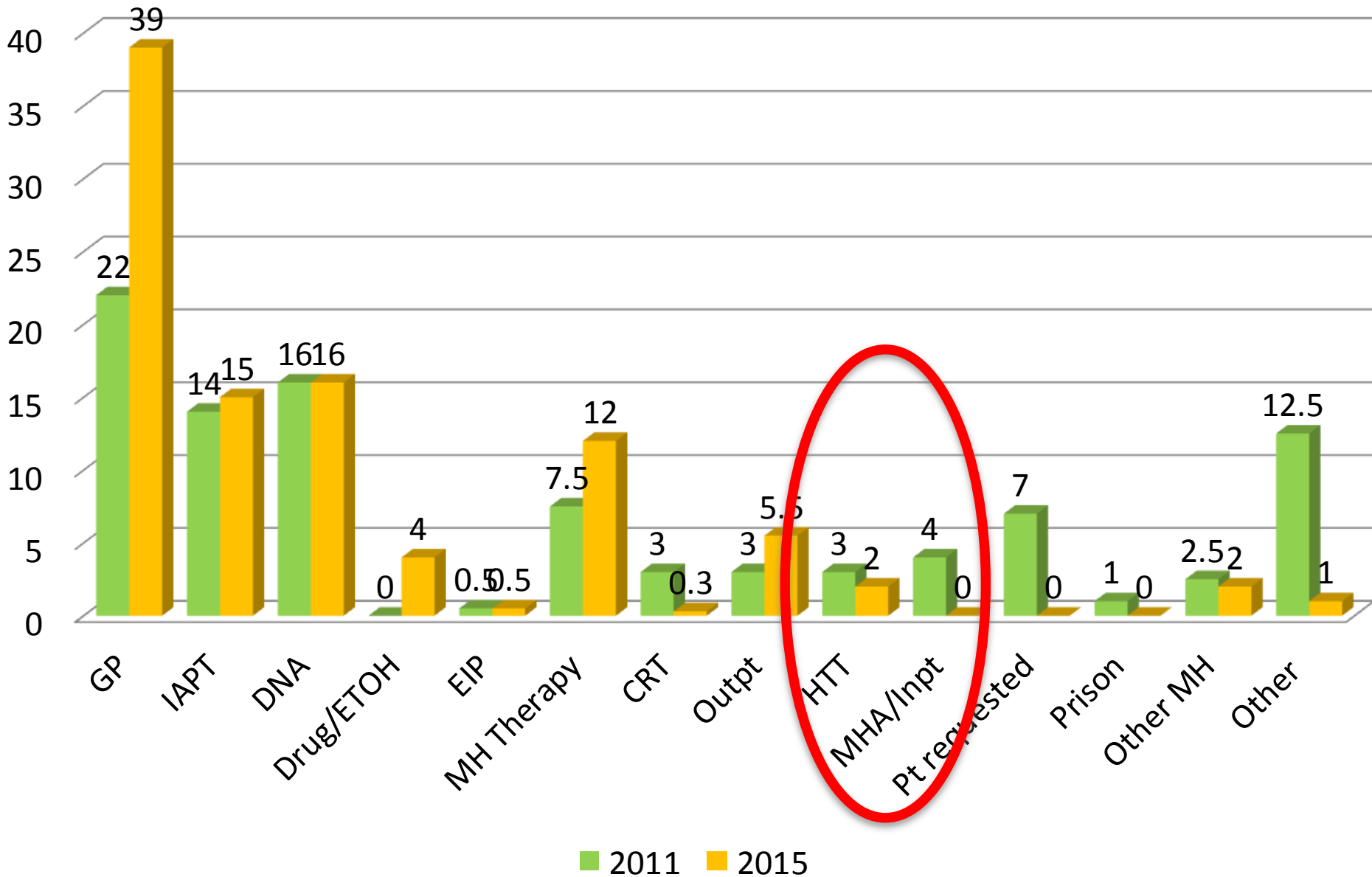
○ **Link worker aligned to GP Surgeries**



Discharges from AABIT Teams



Discharges from AABIT Teams

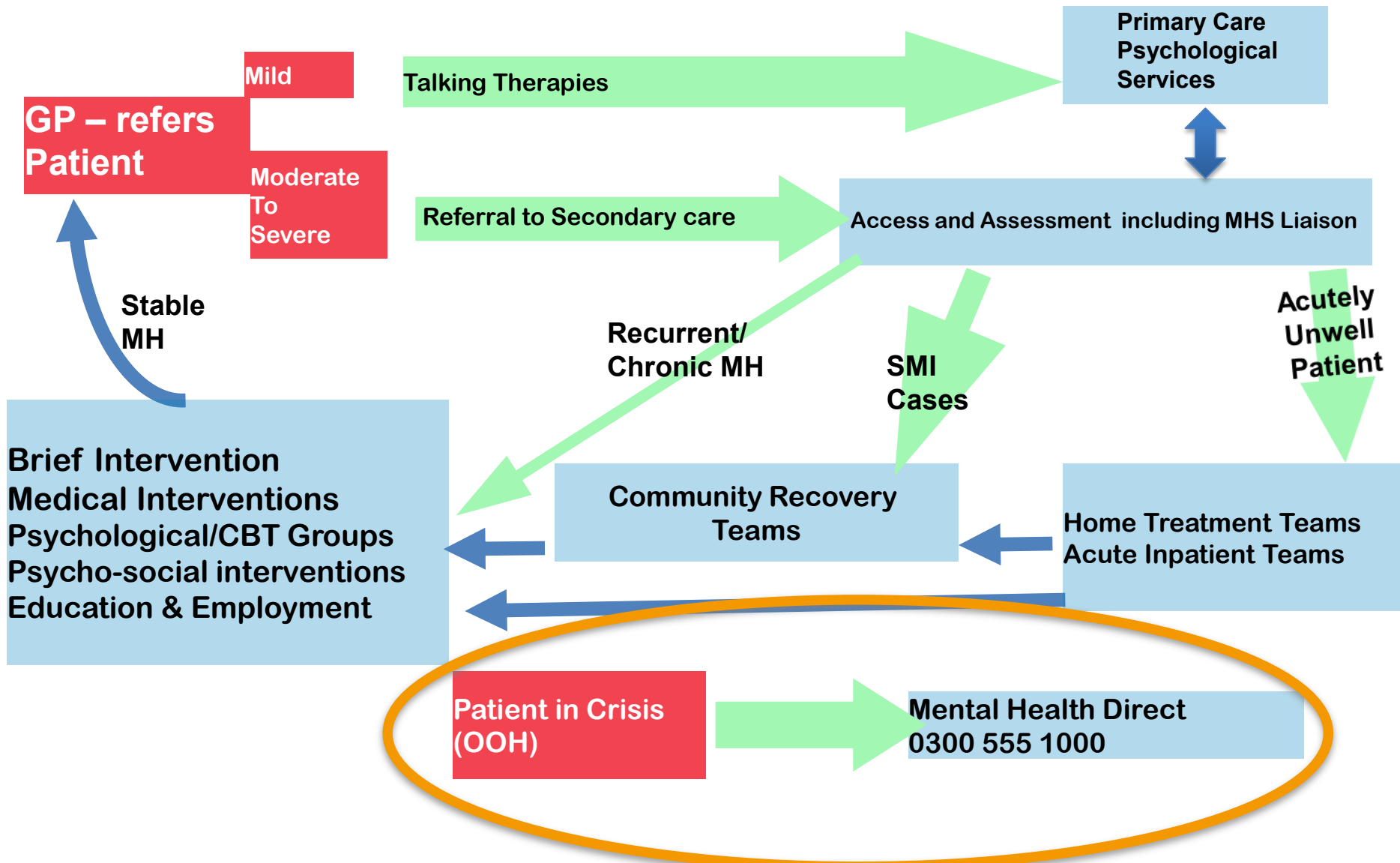


Managing Patient in Crisis

Access/Mental Health Direct



Integrated Adult Care Pathway



Mental health direct

- **24/7 crisis number for patients, carers or referrers to assess**
- **Provides access to crisis support out of hours**
- **Linked to services – access during working hours, HTT out of hours**



Acute Crisis Assessment Team (ACAT) the team ‘gate-keeps’ (assesses the appropriateness) of inpatient admissions

- **Respond to all new referrals to acute care pathway**
- **Respond to all acute crisis with the integrated mental health pathway**
- **Have overall adult bed management responsibility**

Our inpatient services:

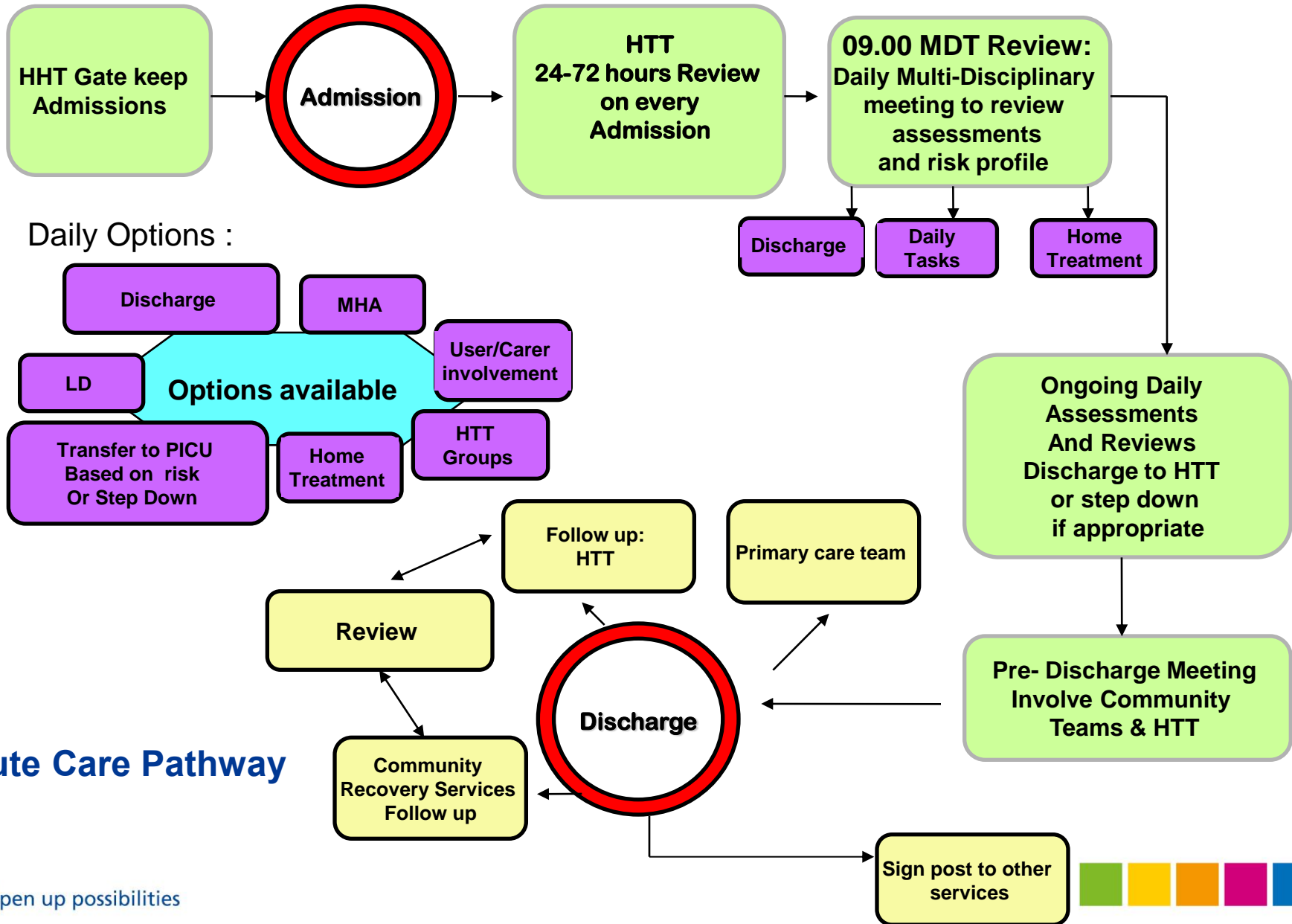
- **These aim to provide a high standard of treatment and care in a safe and therapeutic setting for patients in the most acute and vulnerable stage of their illness.**
- **Admissions are considered where this would play a necessary and purposeful part in a person’s progress to recovery from the acute stage of their illness.**



HTT – Alternative to inpatient bed

- **This is a MDT team that operates on a mobile basis 24 hours a day, 7 days a week. Providing treatment at home for those acutely unwell who would otherwise require hospital admission.**
- **offer routine home visits as agreed in the care plan**
- **provide group intervention**
- **Deliver 1:1 sessions by specific disciplines ie, social worker / STR worker / psychologist where the care plan specifies this**
- **Undertake joint visits with other HCPs**
- **Process discharge and signposting**
- **Based on social systems model**
- **Daily review of all acute inpatients wards , facilitation of early discharge**





Daily Options :

Acute Care Pathway



- Starting at 09.00 – MDT approach
- The following staff must attend the daily handovers 1 x
Consultant Psychiatrist – ward based (or nominated deputy in brackets)
 - 1 x Ward SHO
 - 1 x HTT Lead Band 8 (or 7)
 - 1 x Ward Lead B 7 (or 6)
 - 1 x HTT staff B6
 - 1 x ward staff B6 (or 5)
 - 1 x ward based OT
 - Pharmacy
 - 1 x Community Recovery Team lead representative for all borough teams
 - Psychology – minimum weekly
 - HTT Medic - minimum weekly
 - Housing rep - minimum weekly

Daily Meeting



INTERFACE WITH COMMUNITY

- **Weekly review meetings with respective HTT's (during respective handover meetings)**
- **HTT and Ward link person to attend zoning meeting fortnightly**
- **CRS rep attend HTT handover once a week**
- **Care co-ordinators to attend 09.00 ward review to discuss own clients at least once / week**
- **HTT and Ward link person to attend Access Assessment & Brief Intervention weekly case management meeting**
- **Access Team attends once a week HTT handover meeting**



Mental health liaison

- **The team works with all adults over the age of 18 who present to the acute general hospital (Whipps Cross , Queen's and King George's) with mental health difficulties.**
- **The team works with the acute hospital team to ensure that physical health needs are addressed and mental health assessment is carried out in a timely way.**
- **The team works to reduce the length of stay for patients with mental health needs, especially those with dementia**



Overview of Care Pathway

- **More investment in community services**
- **Reduction of bed base**
- **Putting People First - Patients managed in the least restrictive environment**
- **Improved care pathway with primary care**
- **Reduction of CRT caseloads focusing on long-term SMI**
- **Integrated MHS pathway**

97% of all our Mental Health patients in the community & 3% inpatient



QUESTIONS

