



Improving Outcomes for Hampshire's Adult Mental Health Services

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Dr. Lesley Stevens, Clinical Director**



Purpose:

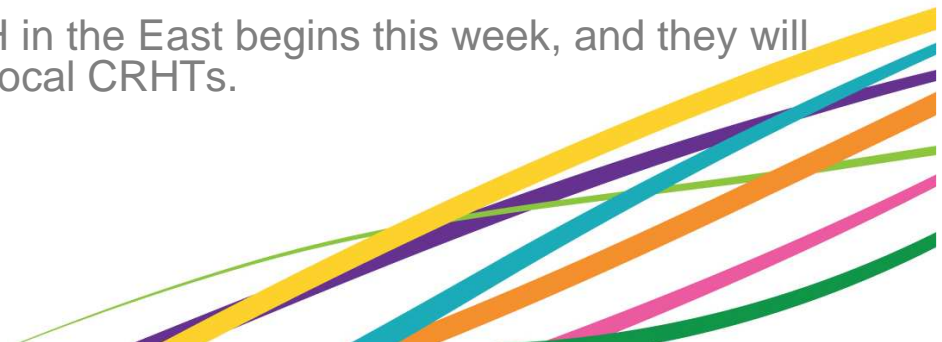
- To summarise progress since HOSC decision in January
- To set out the plans for the formal evaluation of service change (Dr Shanaya Rathod)
- To describe the clinical model for the new service in Woodhaven (Dr Amanda Taylor)



Progress in Acute Care

Strengthening acute care in the community

- ✓ **Intensive support programme**
Psychologist from the Woodhaven service working with all Areas to roll this out across Hampshire from April 2012
- ✓ **Discharge facilitators**
In post in the East and North Areas, and a new residential placement officer in Southampton is in post. Discharge facilitator posts in the South and West are redeployment opportunities for staff.
- ✓ **Crisis funds**
Available in to all service users, and used creatively to support independence and recovery.
- ✓ **Hospital at home teams (H@H)**
In transition from a Crisis Resolution and Home Treatment (CRHT) to a Hospital at Home (H@H) model of care.
The first service to launch will be in East Area.
The transfer of 11 Meadows staff to H@H in the East begins this week, and they will be joining home treatment staff from the local CRHTs.



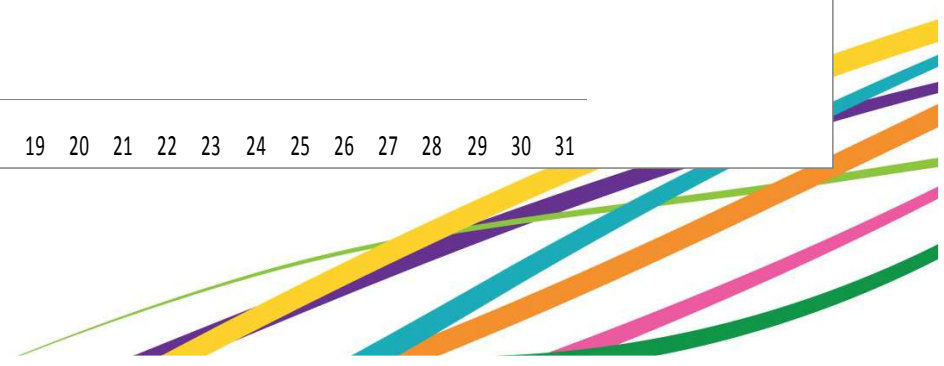
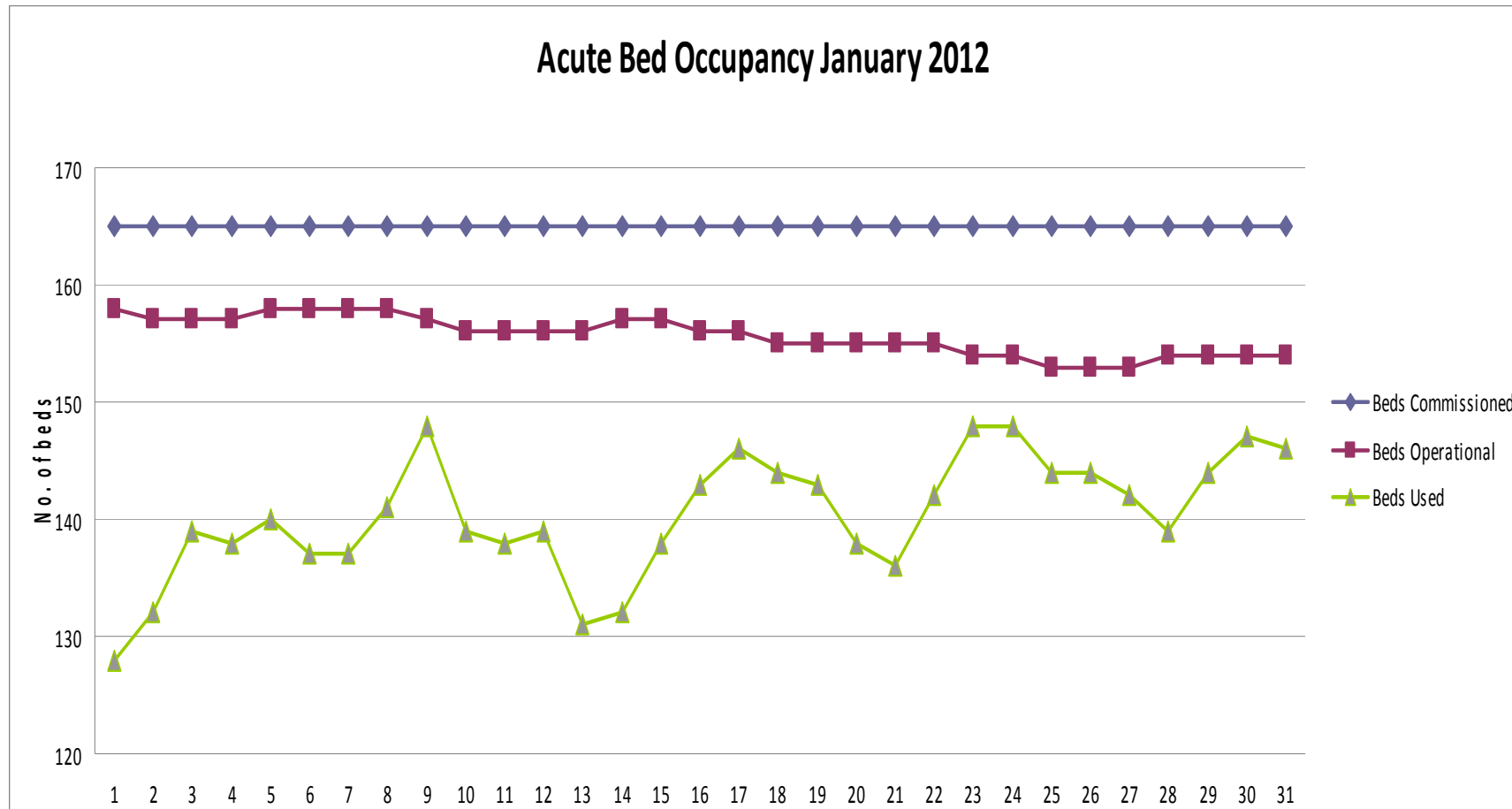
Progress in Acute Care

Phased Bed Reductions

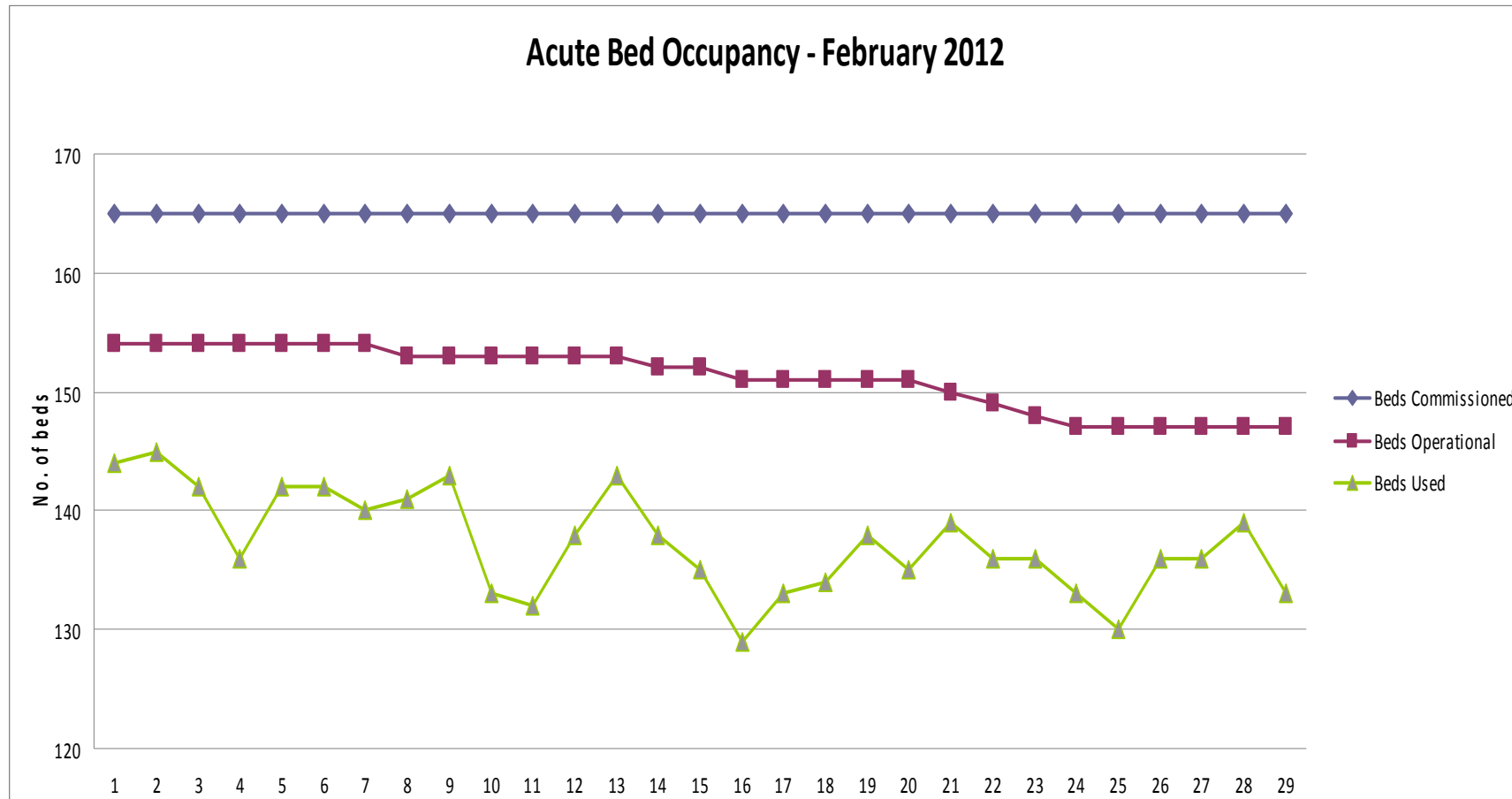
- ✓ In Southampton the number of acute beds has reduced by 10, and Abbots Lodge service users were moved safely into Antelope House on 16th March 2012.
- ✓ The closure of the Meadows is progressing in line with the plan shared with HOSC members in January. As of 26th March:
 - 17 beds have been closed. This has been safely managed so that treatment plans for Meadows service users have not been disrupted, and we continue to have capacity to admit all service users requiring admission.
 - 7 service users remain on the ward, and 3 or 4 will be discharged by the end of the week, and the remaining 3 or 4 will be transferred.
- ✓ Phased reduction of Woodhaven beds will begin in April as planned, supported by the roll out of H@H teams across the Division.



Bed Occupancy January 2012



Bed Occupancy February 2012



Routine Operational Bed Management



Email

To: Consultants, Acute Care Pathway Managers,
and Area Lead Nurses

From: Pathway Coordinator and Acute Care Support
Team

Date: Friday 9/3/12

Message: Please note that the demand for female beds currently exceeds available supply in the division. Can all CRHT & Ward teams please ensure that all current clients are reviewed for leave or early discharge. Thanks

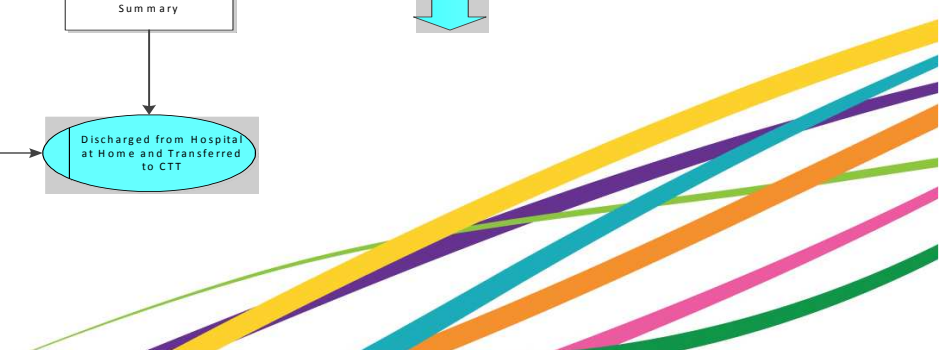
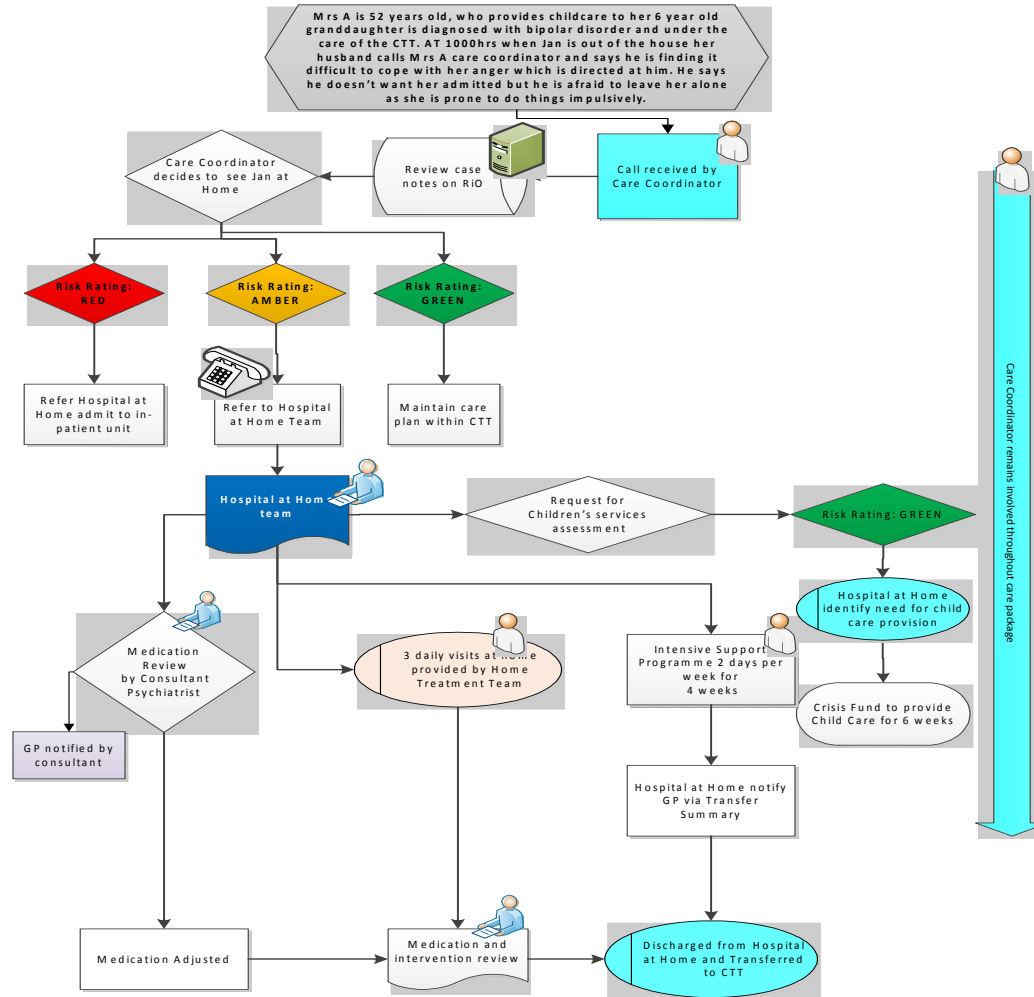


Progress in the Community

- ✓ Community services are implementing the new Access and Assessment Teams (AAT) and Community Treatment teams (CTT). All services will launch next month.
- ✓ GP information packs have been developed to publicise the single point of access for referrers.
- ✓ Staff are engaged in the detail of the transition, minimising the impact on service users
- ✓ Standard operating procedures have been used to describe patient journeys



Example of a Service User Journey: Carer referral to Community Treatment Team



Evaluation: Transformation of AMH services from inpatient to a community focus

‘Before and after’ evaluation:

- Impact of improved access, integrated teams
- Impact of enhanced acute community services
- Service User experience, carer and staff perceptions of care outcomes
- Impact on inpatient bed usage appropriate to the needs of service users
- Impact on meaningful treatment-related outcomes and safety for service users



The New Woodhaven Service Description

3 Wards

25 Beds : 6 female, 19 male

6 – 18 month admissions

All service users will be acutely unwell and detained under MHA

Safe, recovery focused, low secure environment

Managed by the same team as Southfield



New Woodhaven Service Benefits:

For Service Users

- ✓ Managed close to home
- ✓ Maintain contact with their local teams
- ✓ Clear pathway to discharge
- ✓ Shorter lengths of stay
- ✓ Safe recovery focused environment

For Services

- ✓ Good use of Trust assets eg: the building
- ✓ Employ staff
- ✓ Enable a more effective use of PICU beds

