



Moving on: transforming low and medium secure care

RC Psych Good Practice Forum
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Mental Health Secure Care Programme

Our objectives

To increase access to high quality care that prevents avoidable admissions and supports recovery for people who have significant risk or public safety issues in the least restrictive setting and as close to home as possible

The Secure Care Programme as a whole will ensure:

1. Individuals receive the right care – evidence based or properly evaluated interventions;
2. In the right place – the least restrictive setting, as close to home as possible by increasing the provision of community based services, reducing dependency on beds over time and ensuring out of area placements are substantially reduced;
3. At the right time for the person to optimise effectiveness of care;
4. That inequalities for groups shown to be overrepresented in admissions and length of stay are identified and tackled;
5. With the right financial flows to ensure the best possible care, that efficiencies can be realised in the system and reinvested in mental health;
6. Supported by new co-commissioning, funding and service models;
7. With the right accountability, leadership and partnerships in place to make this happen.

Our objectives (cont...)

What will success look like?

- A clear and transparent understanding of need, informing regional commissioning and new models of care
- Metrics developed to demonstrate:
 - Safe, effective and sustainable community forensic alternatives to in-patient care
 - Reduced LOS and increased throughput
 - Smooth and timely transition between the health and justice systems
 - Improved outcomes for patients

Priorities: *signposted by the data*

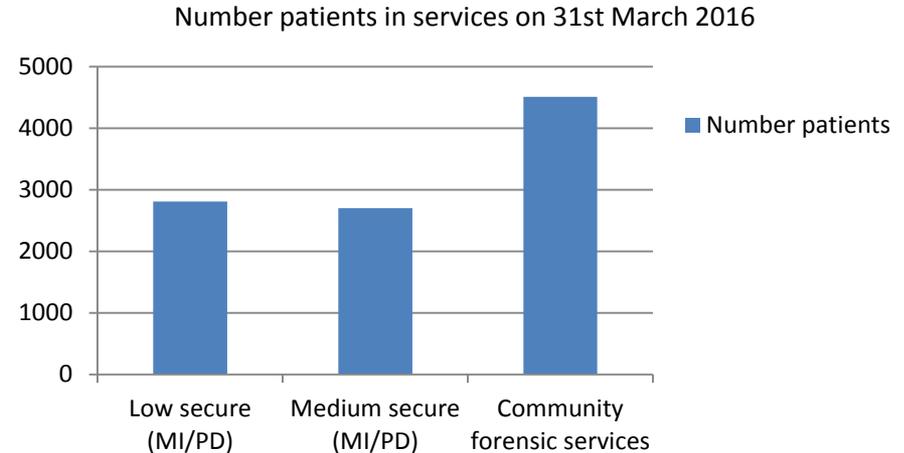
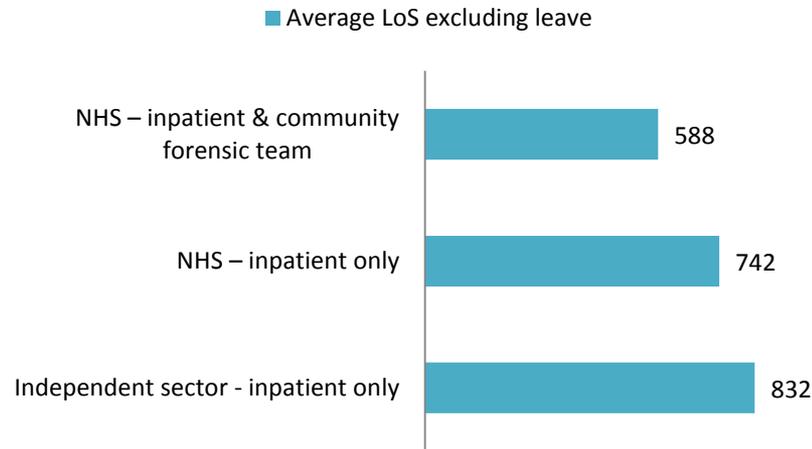
- Access to community options expedites recovery, and can reduce length of stay. Establish feasibility and develop proof of concept.
- The women's pathway is different, and requires attention.
- Black men are over-represented, but seldom heard through conventional routes.

The system now:

snapshot of community forensic services

Lower average length of stay is linked to NHS community forensic mental health service provision...

... yet nearly half of all trusts do not provide community forensic services



- An estimated **55%** of NHS trusts provide a community forensic service and **33%** of secure care providers offer a forensic outreach service.
- There is **widespread variation** in the clinical offer across community forensic teams in the UK, ranging from advice and consultation to outreach and case management.
- Caseloads of teams average **113**, with an average of **37** contacts per year (versus 14 in generic CMHTs).
- NHS benchmarking data puts the cost of existing community forensic teams at **£11,462**.

Sources: NHS Benchmarking patient level data, ONS. NB NHS benchmarking data gives a different total for bed numbers than the Service Review.

Community services: *the case for change*

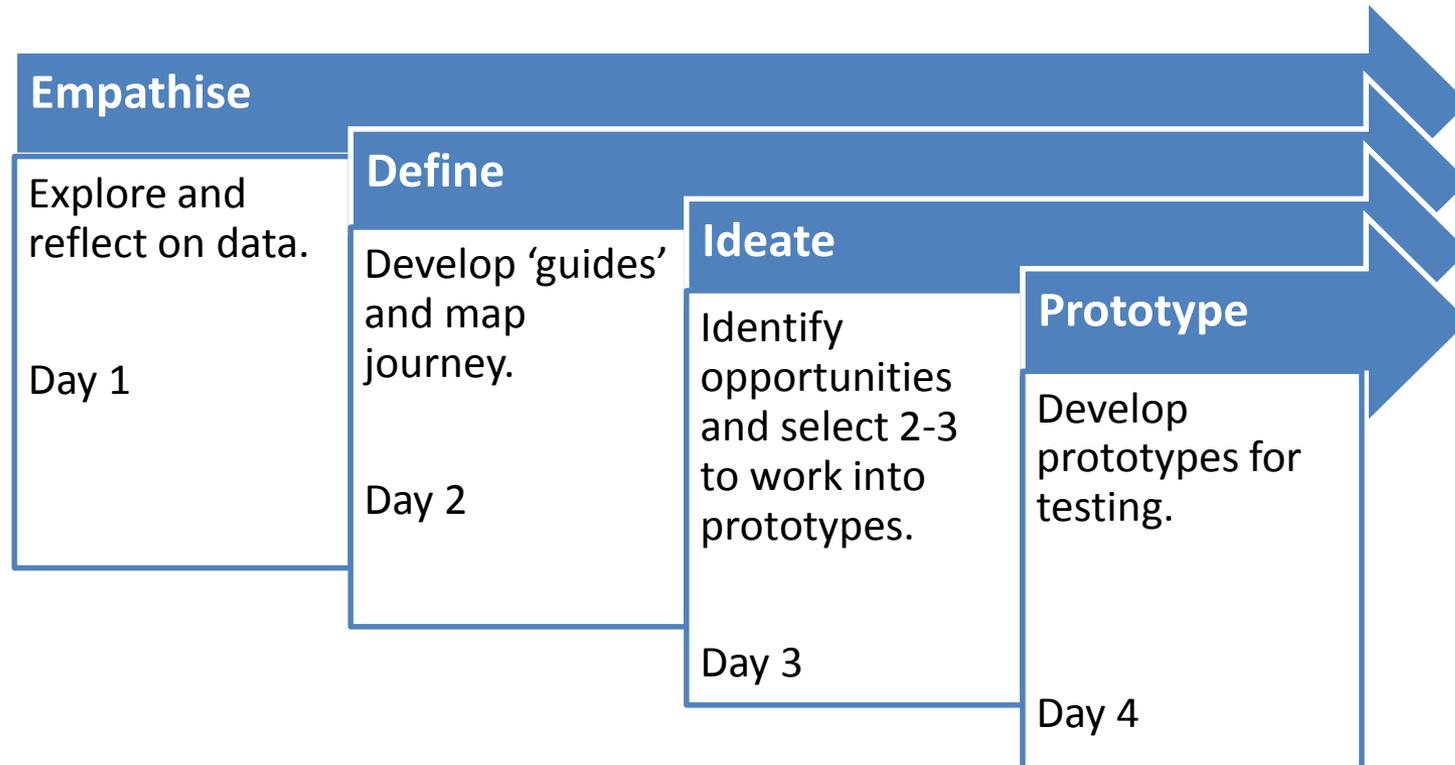
- With the NHS Benchmarking data for the first time we are able to set out an assessment of the potential opportunities for reducing length of stay where an NHS-provided community forensic service is in place:

- Improved outcomes: From extensive engagement with service users, carer and clinicians we have established consensus that the opportunity to re-engage with community and social networks as soon as safely possible expedites recovery and maximises quality of life.

Service type	Average length of stay (excluding leave)
Independent sector delivering inpatient services only	832 days
NHS providers delivering inpatient services only	742 days
NHS providers delivering inpatient and community services	598 days
Equates to potential 24% reduction in length of stay	

- Currently no community forensic teams are specifically designed to provide an alternative to hospitalisation. The secure care programme has worked extensively with clinicians, service users and their families to co-design a forensic community model that offers a safe and effective alternative to hospital with significant potential to reduce length of stay.

Co-production through Design Thinking



Design Thinking... How?

- ✓ A proven method to maximise creativity
- ✓ A four day process
- ✓ Empathetic and founded upon the data
- ✓ Groups with mixed experiences and perspectives
- ✓ Funnelling - develop 'guides'
- ✓ Map the journey from their perspective
- ✓ Use this to identify opportunities for change and improvement
- ✓ Select opportunities worthy of detailed working up - developing prototypes
- ✓ Test out prototypes and learn lessons

The Forensic Mental Health Community Service Model

Care pathway management

Care pathway management out of and occasionally into secure settings, engaging intensively during the pre-discharge period to provide a seamless transition from inpatient services to the community.

Specialist forensic assessments

Specialist forensic risk assessment, informing individual and person centred treatment and support plans which mitigate risk.

Peer mentorship

Access to peer mentorship and buddying.

Therapeutic interventions

Delivery of effective outcome and evidence based offence specific therapeutic interventions, both group and individual, in a community setting.

Specialist case management

Robust and specialist case management, which may need to be long term - years or even lifelong in some cases.

24/7 crisis response

Clear arrangements for 24 hour 7 days a week response to crisis or other needs of service users by appropriate clinicians, which are accessible by service users, carers, housing providers, and other services.

Psychosocial interventions

Delivery of effective outcome and evidence based psychosocial interventions, supporting personalised recovery and maximising social functioning.

Carers

Working effectively and supportively with carers, taking into account their needs.

Substance misuse

Delivery of effective outcome and evidence based interventions to address substance misuse.

Education & employment support

Provision of vocational educational and employment support particularly in regard to access to IT.

Skills & competencies

Working with service users to maximise their skills and competencies in activities of daily living, in-reaching into housing providers where appropriate.

System relationships

Robust and effective relationships with all other parts of the system, including the criminal justice system, mainstream mental health services, social care and the voluntary sector.

The forensic mental health team: *staffing and costs*



Staffing:

- Forensic Psychiatry
- Mental Health Nursing
- Clinical Psychology
- Social Work
- Occupational Therapy
- Support Time and Recovery workers
- Costs of the clinical offer, caseload of 90
- £1.8m per year

Housing:

- Skills and competencies - activities of daily living
- Educational and employment support
- Access to peer mentorship and buddying
- In addition to funding for the clinical offer, sites can also apply for up to £20k per individual to deliver supported housing

Circa £40,000 per year of care per person vs. £180,000 for low and medium secure in-patient services

How we are delivering it

Designing and delivering the new community forensic model:

- Develop and trial peer mentorship approach as the component of the model requiring a stronger evidence base;
- £3.6m investment in with 3 pilot sites going live in April 2018 for two years;
- Evaluation over a two year period, completed by 2019/20;
- Second wave from April 2019, with a further £24m to invest.

Support offer:

- An evaluated BME peer mentorship training programme and implementation support
- A bespoke learning and development package to support community forensic teams in developing the required skills and competencies.

Selecting pilot sites:

criteria and process

Criteria:

- CQC rating of good across all services, with an emphasis on safety
- Delivering good quality recovery focused services
- Positive system wide relationships
- An existing or potential housing offer
- A credible locally focused plan

Process:

- Inviting expressions of interest: early **January 2018**
 - Selection process and sites identified: **March 2018**
 - Sites go live: **April 2018**
1. **Sussex Partnerships FT**
 2. **East London FT**
 3. **Devon Partnerships NHS Trust**