

a better view...

Mental Health Services - Halton

- Later Life and Memory Services (LLAMS)
- Adult Acute Services

Presented by Julian Eyre and Donna Robinson

Implementation of New LLAMS Pathway

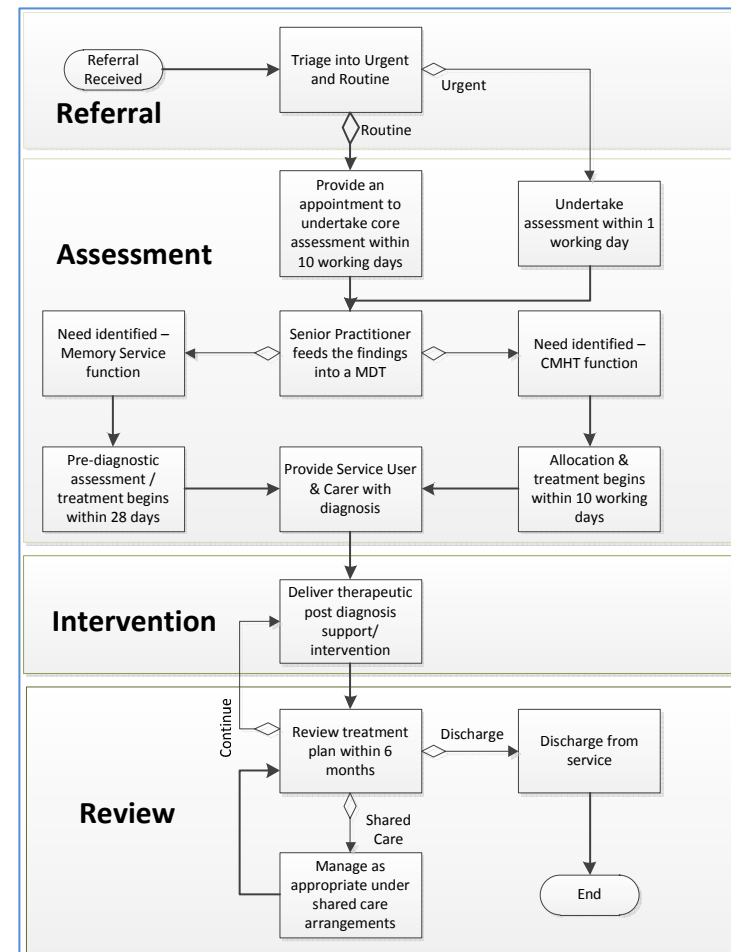
- Successful roll out of the Pathway in Halton from ***May 2013***
- Approved by CCG
- Multi-agency redesign Steering Group
- Change Plan in place
- Evaluation of Benefits of Change
- Agreed KPIs including Patient Recorded Outcome Measures

Benefits of New Pathway

- Single point of access
- Same Day Screening by Senior Nurse
- Same day Face to Face Assessment for Urgent with 10 days Non Urgent
- Single Core Assessment
- Crisis Intervention and Rapid Response
- Face to Face Assessment (for non urgent) within 10 working days
- Needs Led Care Framework/Supporting people to live independently
- Direct to Appropriate Path of Service
- Improved Access to Psychological Interventions
- Offers a comprehensive and appropriate range of interventions
- Reduce Length of time to Treatment
- Reduce Bed Occupancy

New Community Pathway

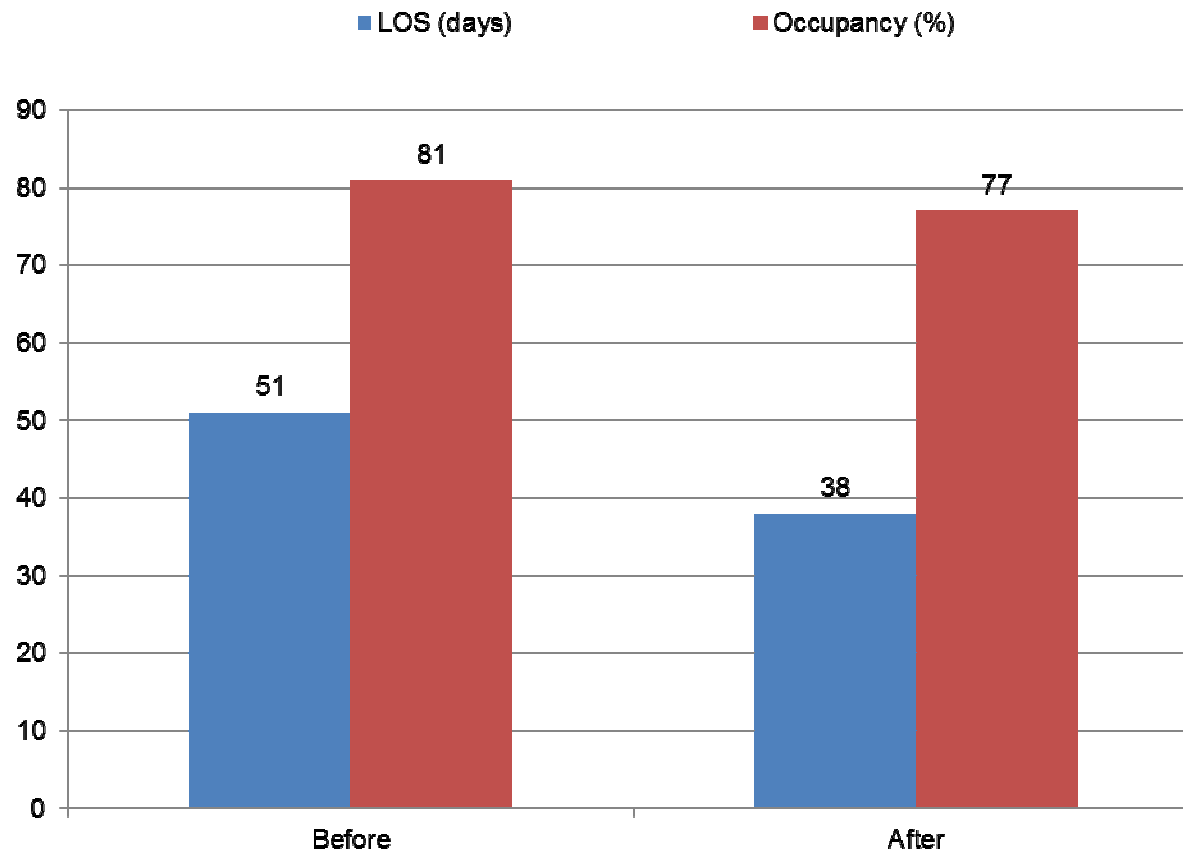
- A single community team
- 4 key service functions
- Improved throughput, capacity and speed of response
- Commenced May 2013



Key Findings

- Be aware only 2 months data - very early days.
- 45 – 50 referrals each month;
- 99% Accepted into service
- Urgent 100%, Routine 85% seen within target timescales
- 60% Memory Clinic, 40% CMHT,
- All Carers offered a Kingston Carers Assessment & referred on where appropriate
- Initial SU's and Carers feedback rate the changes as positive

Impact upon In-Patient Care



A Better View... *of mind & body*

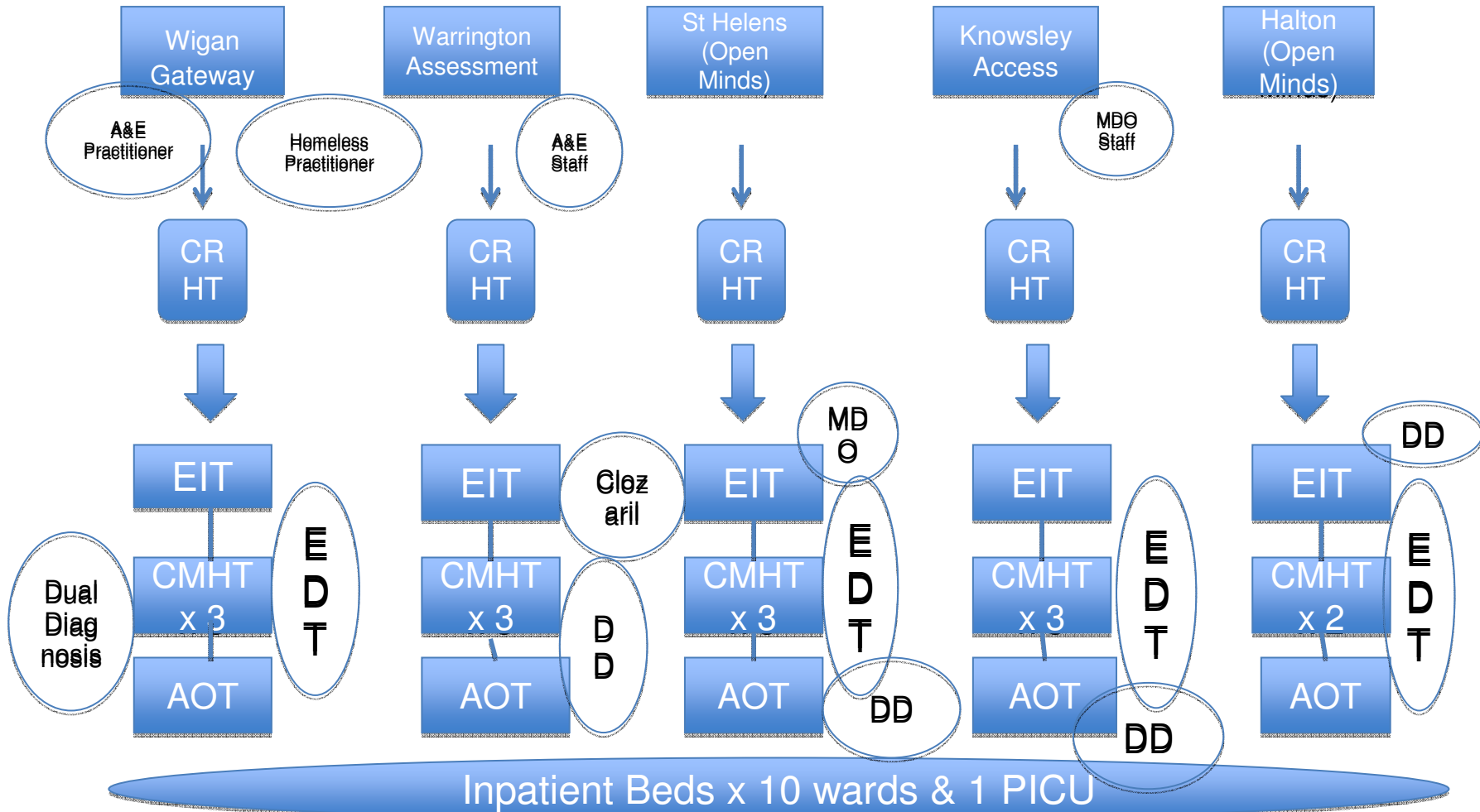
Implementation of New Adults Pathway

- Successful roll out of the Pathway in Halton from May 2013
- Approved by CCG
- Multi-agency redesign Steering Group
- Change Plan in place
- Evaluation of Benefits of Change underway
- Continue to develop the KPIs including Patient Recorded Outcome Measures

Expectations – Acute Care Pathway

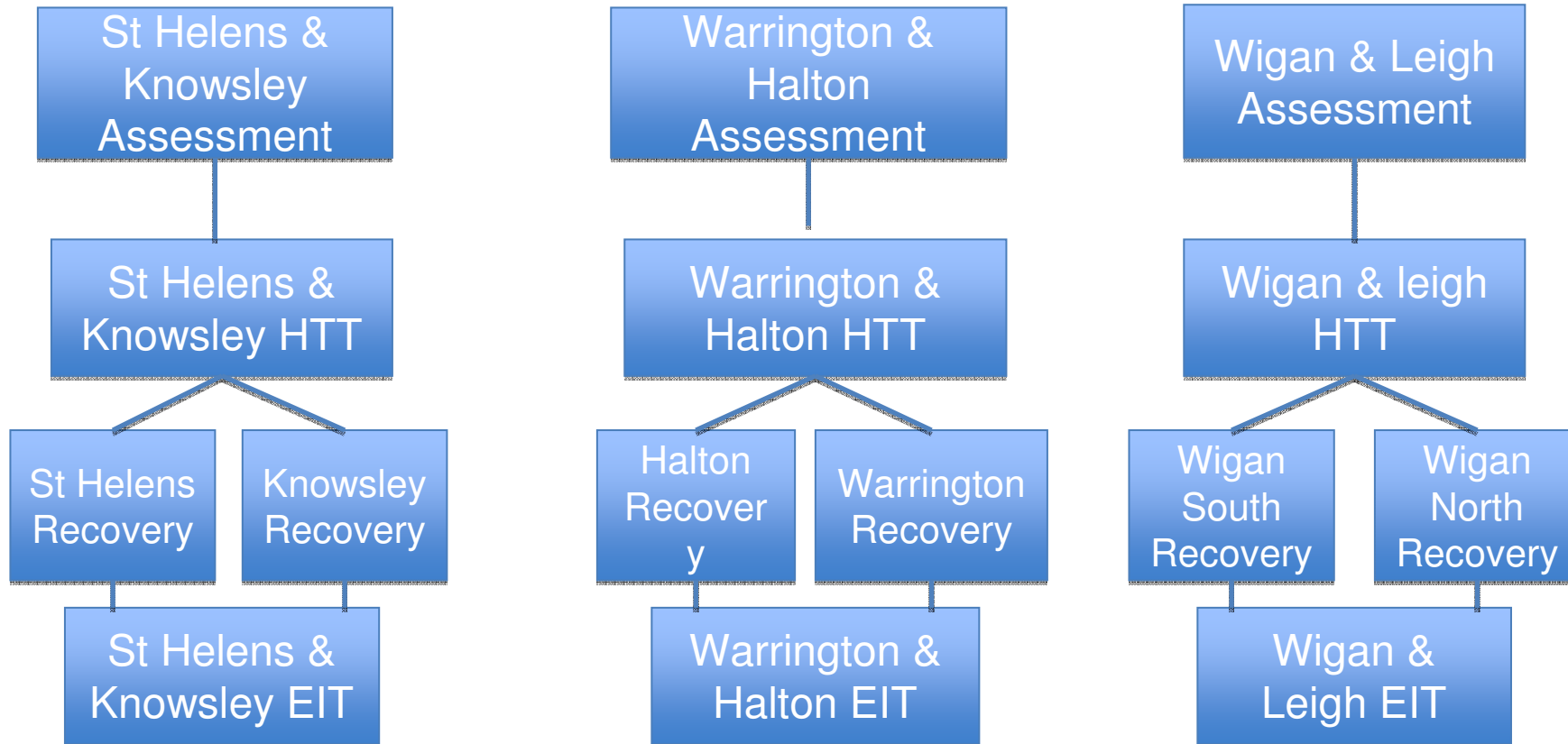
- Extended Opening Hours
- Easier referral system
- Single care assessment process
- Shorter length of stay in inpatient settings
- Reduced readmission rates
- Improved interface between service providers
- Improved outcomes for service users and carers

Before ACP



A Better View... of adult services

ACP Structure



Inpatient Beds x 10 wards & 1 x PICU

A Better View... of adult services

Adults - Acute Care Pathway

- New Assessment and Home Treatment Services commenced June 2012
- 24 hour Assessment Service in place
- Standardised referral form
- 7 day per week Home Treatment
- Improved access from primary care to consultants

Adults - Acute Care Pathway

- Improved Buildings and IT Infrastructure
 - Brooker Centre, Wakefield House, St Johns
 - Mobile working pilots
- Workforce plan implemented successfully
- New Recovery Service implemented Dec 2012
- Commencement of recovery focussed pathway across in-patient services

Halton Performance – July 2012 – July 2013

- Average referrals to assessment team = 142 per month
- Previous data held by Open Minds
- Waiting times: - emergency 84.2 %, urgent 75%, routine 88.8%
- HTT episodes – continue to monitor but unable to benchmark – change of function
- IP admissions – 2011 – 2012 average 29 pm, 12-13 average 25 pm (3 delayed discharges at end July 13)
- Decreased lengths of stay – 43.1 (11-12) to 33.1 (12-13) occupied bed days

Measuring ACP Success

- Not solely about response times
- Linkages to other parts of the pathway
- Positive outcomes – reduced length of stay, reduced delayed discharges, reduced re-admission rates, improved HONOS scores
- Benchmarking and exploring the evidence base of developments

Next Steps....

- Ongoing improvement to data capture
- Focus on the concept of whole person recovery
- Continued collaborative work with CCG partners:
 - access
 - DNA
 - Liaison Psychiatry
- Continued focus on In-patient quality: HONOS, RFP
- Continue Member and LA Engagement
- Continue to develop the KPIs including Patient Recorded Outcome Measures

Thank you



Questions?