

# Delivering for Mental Health Leading Change

INPUTS FROM LANARKSHIRE @ 30 March 07

## 1. Project Description from Application Form

### IMPROVING ASSESSMENT AND CARE AT TIMES OF ACUTE CRISIS

We are working to create a multi-agency health system that is embedded in each natural community in Lanarkshire. Services will be locally based where possible. Specialist interventions and hospital treatment will be available but only used where necessary. Services will promote recovery using a model of social inclusion.

The proposed project will focus on improving the quality of assessment and care offered at times of acute crisis – to all age groups. This will include first presentations to services and unplanned contacts for those who are already known to services. We know that most admissions to hospital for under 65s are unplanned and that admission is often seen as the current “default” at such times. The project team would lead the design and implementation of a wider range of responses and in so doing we would expect to reduce admissions and re-admissions to acute inpatient treatment and care – for adolescents, adults and older people.

Under “A Picture of Health – A Framework for Health Service Improvement in Lanarkshire” which has been subject to wide public consultation and ministerial approval, from 2009 there will be two Acute In- Patient Units on District General Hospital sites. The units will use an assessment and treatment model allowing for the separation of planned and emergency care.

We will offer a range of statutory and non-statutory alternatives to hospital care, either at point of presentation or after a multi disciplinary inpatient assessment in a unit dedicated to providing this. There will be clear criteria for ongoing use of acute hospital admission as part of a person’s care with admission being seen as a short-term intervention to re-establish safe community care as quickly as possible. Where a period of ongoing hospital care is assessed as necessary there will be structured treatment programmes based on the generic and condition specific Integrated Care Pathways which are to be developed by 2008.

Achieving these goals will require development and /or redesign of crisis services, Psychiatric Assessment Team and acute ward models of care This proposal requires a partnership approach between health, Local Authorities and the voluntary agencies. Local service users and carers will be fully involved from outset.

## 2. Additional Info submitted on 23 March

### 2.1 Draft project plan

#### Introduction

NHS Lanarkshire’s leadership project will focus on improving the assessment and treatment provided to clients at times of crisis. NHS Lanarkshire will redesign services to ensure that

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appropriate help, support and treatment are offered to clients by the most appropriate agency to reduce the use of in-patient services by managing crisis where possible out-with hospital.

NHS Lanarkshire will change the model of care and treatment provided within in-patient acute care to separate the functions of assessment and treatment into defined care environments, to ensure that appropriate emphasis is placed on therapeutic interventions when in a treatment environment.

### **Work to date**

The focus of this work has already begun through an existing Acute Reconfiguration Steering Group with a view to separating the functions of assessment and treatment on one site from April 2007.

- Admission protocols have been developed.
- Core assessment care plans have been developed.
- Training in psychological interventions has been commissioned.
- Training in culture and values has been undertaken.
- Training needs analysis for acute care has been undertaken.

Draft plans are in place to roll out these changes to NHS Lanarkshire's other two adult admission sites throughout 2007/08.

### **Leadership project**

The aim of our project is to consolidate the work already progressed to date and to change practice on our other acute sites following reflection and consultation with patients, carers and our external partners.

It is acknowledged that further work needs to be undertaken particularly with our external statutory and voluntary sector partners to underpin the changes to our in-patient model, by redesigning the way services in the community are utilised to ensure they compliment each other in providing crisis care to reduce unnecessary hospital admissions.

Working in partnership through the leadership project we aim to take a multi-agency approach to redesign through shared understanding of problems which may exist, a shared commitment to resolve these problems and increased understanding of how we can work together manage crisis.

### **Workplan**

The projected changes outlined in our project reflect the wider aspirations that NHS Lanarkshire and partners have in modernising our mental health services. It is accepted that some of these changes will only be fully realised through the re-provision of our current in-patient services into two redesigned new build/refurbished accommodation. Plans for the physical re-provision of these services are at an advanced stage. We believe that changes can be made in the meantime which will help us to rebalance the provision of acute care, to ensure that inter-agency services are in place and appropriately supported to provide suitable interventions, to ensure that in-patient services are only used when no other viable option to maintain community based care are possible.

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- Work will be undertaken to evaluate the work already undertaken and a plan agreed for extending this to other in-patient areas.
- Opportunities for closer inter-agency will be explored and developed.
- Joint processes/protocols will be developed and implemented.
- Further work will be undertaken in values training.
- Admission criteria and inter-agency protocols will be developed.
- Agreement on how secondary care community psychiatric services can support primary and voluntary sectors will be actioned.
- Integrated Care Pathways being developed will be shaped to consider who should provide care/interventions throughout the patient's journey.

A more detailed plan to ensure all stakeholders views are considered and needs are met will be developed by the project group early in the process with agreed timescales.

### **2.2 Evaluation**

While it is recognised that there will be national evaluation of projects, evaluation of the project in NHS Lanarkshire will happen on a number of levels. Using Kirkpatrick's four levels of evaluation, these will be:

#### **1. Reaction**

(How well did the participants like the programme?)

Participants' reaction to the monthly 1-day geographical learning sets (and other programmed activities) will be captured on an on-going basis and used to inform the format of future meetings.

#### **2. Learning**

(What knowledge did participants gain from the programme?)

Time will be made available at the end of each of the geographical learning set meetings to review key learning during the meeting, both in relation to content and process. Again, this will be used to inform the design of future set meetings. On a longer-term basis, a programme review will help participants articulate their key learning points from the programme.

Where it is compatible with their preferred learning style, participants will be encouraged to maintain a learning log, reflecting on their learning during and between geographical learning set meetings and completing it after each such meeting.

#### **3. Behaviour**

(What changes in job behaviour stemmed from the programme?)

Review at the end of each geographical learning set will enable participants to identify and articulate behavioural changes from activities which have taken place outwith the learning set environment as they implement the project. Again, on a longer-term basis, participants will be encouraged during review, to reflect on actions and changed leadership behaviours. This will be noted in the learning log, if maintained.

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### **4. Results**

(What were the organisational effects?)

The programme aims to improve the quality of assessment and care at times of acute crises. It aims to reduce admissions and readmissions to acute inpatient treatment and care for adolescents, adults and older people. During the life of the project, generic and condition specific integrated care pathways (ICPs) are to be introduced.

Evaluation at this level will be both quantitative (a comparison of the numbers of admission and readmissions) and qualitative (a survey of the experiences of people using and delivering the services, .i.e. staff and patients, to measure their views on the quality and outcomes of interventions provided). Outcome-based variance analysis will be incorporated into ICPs.