Modelling the need for mental health beds

Many trusts are exploring options for moving care into the community. This case study demonstrates how one mental health has achieved this, and as a result improved patient care and reduced costs

The NHS Improvement/ HFMA *NHS efficiency map* is designed to help NHS provider organisations to deliver their savings plans. One way is by sharing experience and good practice, in this case in using mental health beds better.

Lancashire Care NHS Foundation Trust was formed in 2002 and became a foundation trust in 2007. It provides community and mental health services to the whole of Lancashire, a population of some 1.4 million. It employs nearly 7,000 staff, on about 400 sites, with total income of £344 million in 2016/17.

This project was associated with a longstanding bed management programme. The trust had known for some time that there was a clear and recognised benefit in providing mental health care, where possible, in a community rather than inpatient setting having consulted extensively about it. Done properly, it is better for patients and more cost effective.

To enable this to happen, there was a need to enhance existing community services to provide a range of local treatment options to ensure that people get the right care, in the right place at the right time.

The trust wanted to improve patient experience and reduce the need for people having to travel outside of the area for treatment. Out of area placements are typically more expensive than an NHS inpatient bed, far less convenient for families and it is not the best experience for patients.

In January 2016, the trust had 94 patients in private sector treatment beds – a very expensive way of providing services, which could not be allowed to continue. This case study describes what the trust did about it.

Understanding the problem

The 'quick fix' would have been to re-open some more inpatient beds, but this was not a long-term solution, and it was not necessarily clinically appropriate either. The trust agreed with its commissioners that a more radical approach was required. As the first stage of this the trust reviewed every patient who was occupying a mental health bed (within the trust or as an out of area placement), and asked three questions:

- If alternative services had been available, would they have prevented admission? Alternative services were assessment wards, a crisis house, clinical decision units and more intensive home treatment. This revealed that 32% of admissions could have been avoided, in most cases by a short stay on an assessment ward.
- Does the patient now need to be in mental health bed? 30% of patients who were still occupying beds did not actually need that level of care.
- Where should the patient be discharged to, and what is preventing it? The main requirement was for long term placements outside hospital.

Solutions to the problem

The trust trialled four main initiatives, all of which raised the threshold for admission to a normal inpatient bed by providing more appropriate care elsewhere:

- A male assessment ward for admissions of three to five days (longer than the equivalent in an acute hospital, but far shorter than a typical inpatient stay in mental health). Patients are sent home with a clear treatment plan, and the community resources they need are available.
- A crisis support unit offering intensive support for up to 23 hours. This handles people who might otherwise have had to be admitted through an accident and emergency unit (and who would then normally stay some time).
- An intensive five-day psychological programme offered by the trust's acute therapy service. This gives patients accountability for their own safety and the skills to keep themselves safe.
- A crisis house, run in partnership with the third sector. This has been successfully set up, and it interfaces closely with home treatment teams.

There were inevitably some challenges to be overcome:

- Any change to ways of working meets

resistance and uncertainty from a range of stakeholders, therefore the Trust had to make a case, engage key stakeholders in the change and evidence its impact.
- There were additional costs for the new or enhanced services which had to be funded. The plan (which succeeded) was that savings on out of area treatments would more than pay for these costs, and there was good clinical evidence that this should work, but it still required some faith.
- Skilled and experienced staff were required to make the initial assessments of patients and decide what sort of treatment they needed. The trust had to deploy staff from existing services, without de-stabilising other parts of the mental health network.

Outcomes and savings

The investment in new initiatives cost £3.8m. The cost of 94 patients in out of area placements (assuming it stayed at that level) would have been about £19m for a full year. Actual out of area placement costs fell to £6.3m. Hence, at maximum, the saving made was £8.9m, with the out of area placement costs more than halved.

The new initiatives were also better in terms of patient experience (all figures relate to the first quarter of 2017):
- 81% of the 116 patients who accessed crisis support did not then require onward admission to any hospital bed.
- Of 220 people who accessed the acute therapy service, only one required a hospital admission.
- A total of 354 patients were admitted to the assessment ward, and 72% were then discharged without requiring a normal inpatient bed.
- The softer evidence is that patients strongly prefer intensive community support rather than a hospital admission. It enables them to manage their lives better, which could reduce their need for mental health services in the longer term.

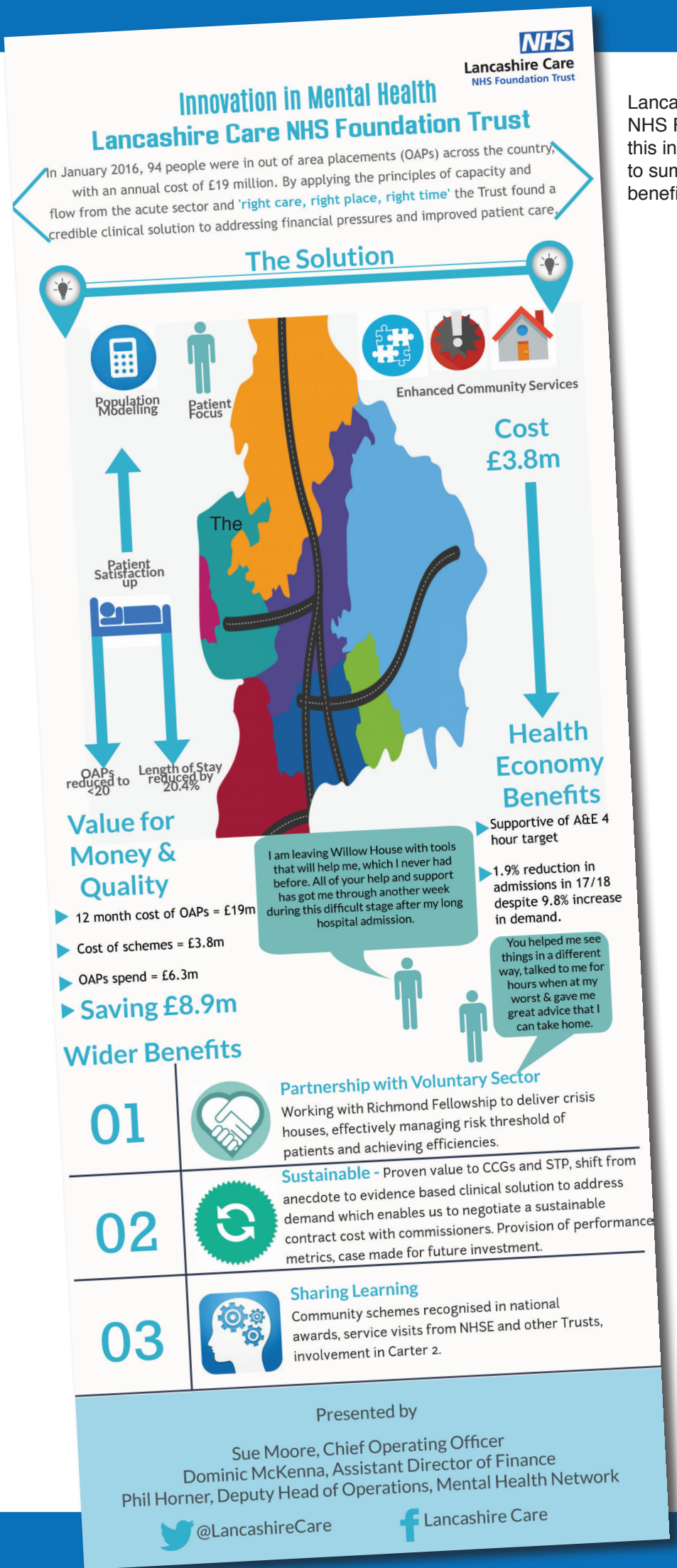
The new models of care have been designed by senior clinical and nursing staff and are kept under appropriate review. They are supporting improved capacity and flow in the mental health network, the achievement of efficiencies in the delivery of services and more importantly, good outcomes for the people using them which is evidenced by positive patient feedback.

- The trust has produced an infographic summarising the benefits (overleaf)

Lancashire Care NHS Foundation Trust was the winner of the 2017 HFMA Innovation Award in recognition of its work in reshaping its mental health services. The team is pictured above receiving the award

KEY CONTACTS

Lancashire Care NHS FT
- Beverly Howard, head of communications, *beverly.howard@lancashire.nhs.uk*
- Phil Horner, head of operations (mental health network), *philip.horner@lancashirecare.nhs.uk*
- Saki Iqbal, network accountant (mental health network), *saki.iqbal@lancashirecare.nhs.uk*



Lancashire Care NHS FT produced this infographic to summarise the benefits achieved