Solihull’s whole system response to care for mental health patients

Dr Patrick Brooke
Accountable Officer, Solihull CCG

Professor George Tadros
Clinical Director of Urgent Care Pathway,
Birmingham and Solihull Mental Health Foundation Trust

The King’s Fund UEC conference
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Our Vision for Solihull

Solihull in 2020

1. Strong Communities
2. Better Lives
3. Economic Prosperity

www.solihulltogether.co.uk
• Easier to get help when it’s needed
• Improved access to services, closer to home
• Reduced loneliness and isolation
• More consistent care; less need for inpatient hospital care
• More support for carers

• New schools
• Employment
• Access to 24/7 healthcare in Solihull
• Improved health
• Greater opportunities
• Better life expectancy
• Improved quality of life

Jack and Eileen

Elliot and his mum

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Solihull UEC Vanguard

“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.”

4 mental health inclusive service offers:

1. Community Wellbeing Service
2. Integrated Care Service
3. Urgent Care Service
4. Digital Population Health & Care System

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Good Mental Health and Wellbeing

“Building resilient communities”

- Information, Advice, Advocacy and Support
- Local Area Co-ordination
- Care Navigators
- Aviary House
- Community projects eg Gro-Organic
- Community IAPT

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Case study: Aviary House

“We all now feel that we are living, not just existing. We have hope for a better future and many of us now feel that we are active members of the local community.”

Aviary House tenants
Case study: Gro Organic

“Learning something new in a real environment is very empowering. You see people think ‘I can do this’ and have pride in what they’ve achieved.”

Sarah Gill, Director Gro Organic
Living with Mental Health

• Integrated Community Teams
• Solar - Children and Young People MH Service
• Personality Disorder Service
• Dementia
Children and Young People’s Mental Health Care in a Crisis
Crisis Care

- 111 MH Crisis Helpline
- Urgent Care Centre
- Street Triage
- Extended Crisis Resolution Home Treatment Team
- Personality Disorder Service
- Rapid Assessment Interface Discharge (RAID)
- Psychiatric Decision Unit (PDU)
Rapid Assessment Interface Discharge

<table>
<thead>
<tr>
<th>Percentage of patients returning to their own home</th>
<th>Pre RAID</th>
<th>Partial RAID</th>
<th>RAID</th>
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<tbody>
<tr>
<td></td>
<td>34% (1350 of 2873)</td>
<td>44% (1247 of 2654)</td>
<td>67% (704 of 884)</td>
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**Key Terms:**
- **RAID**: Rapid Assessment Interface Discharge
- **24/7 Service**
- **Boundary Free**
- **Training**
- **Community Focus**
- **Early Intervention**
- **Single Point of Contact**
- **Rapid Response**

**Website:** www.solihulltogether.co.uk
Street Triage

www.solihulltogether.co.uk
Street Triage

Activities
• Jan 2014 - August 2015
• Total incidents – 4,409
• Face to face assessments – 2,962
• Public place – 1,586 (36%)
• Private place – 2,807 (64%)

Impact
• Prevented 1,160 people attending A&E
• prevented 1654 ambulances dispatched
• prevented 1025 police resources dispatched

Effect
• Reduction in section 136s
• Reduced the figure to formal detentions
• Reduction in psychiatric admissions

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Psychiatric Decision Unit

- Largest diagnostic group (28%) were patients referred with anxiety, depression, behavioural and personality disorders.
- The average length of stay for a patient at the PDU was **16.46 hours**
- **84%** of patients spent less than 24 hours at the PDU
Assessment – Change – Measurable effect

Since the opening of the PDU in November 2014 the urgent care pathway has seen:

- A 39% decrease in the number of patients that Street Triage have brought directly to A&E
- A 26% decrease in inpatient bed admissions via RAID services.
- Saved 6900 bed days in 6 months
RAIDPlus

Crisis Coordination Centre
- Live capacity and demand mapping
- Tele-triage workers
- Mobile crisis workers

Risk stratification and resource prioritisation
- E-risk assessment
- Risk stratification and prioritisation tool
- Bed management tracker

Prediction, Identification and Prevention
- RAIDPlus Training Unit
- Predictive analytics
- Patient Portal

Research, Evaluation and Scalability
- Scalability plan
- Roll out
- Research bids

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Working towards better integration and greater efficiency

- Measured against KPIs
- New Models for UEP
- Larger areas for collaboration and integration
- Technology
- Real Time Monitoring and measurements

Progress and creativity

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Challenges to a whole system mental health response

- Disconnected resources
- Access creates bottlenecks
- Different data systems
- Inadequate monitoring
- Patients detached?
- Fire fighting not future planning
- Lack of outcome measures data

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