


Agenda Item 9

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Partnership NHS Foundation Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	22 July 2020
Subject:	Lincolnshire Partnership NHS Foundation Trust: Older Adult Home Treatment Service

Summary:

Lincolnshire Partnership NHS Foundation Trust through its clinical teams is currently testing a new service development to introduce a Home Treatment Team for Older Adults, accessing functional mental health care. This service is about providing care, support and treatment into people's own homes rather than in hospital.

This report summarises findings to date on the following: -

- Older Peoples Home Treatment Team (OP-HTT) service impact as an alternative to in-patient care: on in-patient admissions and patients having to travel to out of area placements;
- the impact of OP-HTT service provision on our patient, family and carer experience; and
- an evidence base to support future decision making with regards to the model of care provided – be it in-patient beds or community Home Treatment Team(s).

Actions Required:

To consider the information presented on the Older Adults Home Treatment Service, which is provided by Lincolnshire Partnership NHS Foundation Trust.

Background

The Older Peoples Home Treatment Team (OP-HTT) commenced in October 2018 following reducing (temporarily) the number beds for older people mental health patients (for people with functional illnesses); in order to provide an alternative care option to the previous default service position of acute in-patient admission. This reduced the total wards from four (71 beds) to three (54 beds): with two dementia wards (Manthorpe and Langworth) and one older people mental health for functionally ill patients (Rochford). The bed reductions supported by the provision of the OP-HTT were initially those of Brant Ward, Lincoln (during its period of refurbishment and extension); and following Brant Ward's completion those of Rochford Ward, Boston.

Older People Home Treatment Team (OP-HTT) Outcomes

The OP-HTT has consistently demonstrated high levels of performance across all indicators since it started in October 2018; supporting the premise of service development and delivery as a viable and preferable community based alternative to in-patient care and reducing in and out of county admissions. The outcomes from on-going review over the past 19 months for OP-HTT are outlined below:

1. Admission Avoidance

Since the commencement of the OP-HTT, of the 394 referrals managed only 28 (7%) of these patients required progression to in-patient admission via OP-HTT. This represents a potential admission avoidance success rate of circa 93% (i.e. circa 366 patients avoided admission).

2. Reduction in Out of Area Patients

Despite the reduction in beds, during its period of operation the OP-HTT has supported a reduction in all Out of Area (OOA) key metrics: -

- For the pre-HTT six months April to September 2018 nine patients had to go out of area (an average of 1.3 per month). In comparison, only ten patients have been required to access out of area beds for the following 19 month duration of OP-HTT service provision to date (an average of 0.5 per month).
- OP-HTT has supported more rapid repatriation of patients back to Lincolnshire when an OOA bed was needed. Before the creation of the OP-HTT the average days out of area for older people was 23 days, compared to average of 14.5 days (a range of five to 26 days) with the team in place.
- The total older people OOA bed use per month continues to be significantly lower than pre-OP-HTT levels. Prior to OP-HTT, the average was 26 days per calendar month. This compares with a post OP-HTT monthly average of .9 per calendar months, a 70% reduction.

3. Improved Treatment Efficiency

The duration of treatment for patients using OP-HTT compares favourably to previous and current in-patient care alternatives; with the average time a person is receiving the OP-HTT service being 22.6 days. This is 55% fewer than the current average length of stay for treatment in in-patient care (Brant Ward with an average length of stay of 38.4 days) and 86% less than the average length of stay for Rochford Ward (prior to its temporary closure) at 57.2 days.

4. In-Patient Performance

Since the commencement of OP-HTT, despite a reduction of total in-patient beds for older people's mental health related needs, improvements in the performance of the remaining 18 beds (Brant Ward) have been evidenced across the following key performance metrics: -

- *Reduced Average Length of Stay* - Since the introduction of OP-HTT the average length of stay for Older Peoples Mental Health has decreased 17% from 68 days (prior to OA-HTT) to 57.3 days average post OP-HTT provision, at the 15 month review point. Following transfer of the in-patient facility from Rochford Ward to Brant Ward (January to April 2020) the average length of stay has reduced further to a current average length of stay of 38.4 days.

Overall this represents a 55% reduction in Older Peoples Mental Health inpatient average length of stay since commencement of OP-HTT and a further 39% reduction in average length of stay. since the move back into the newly refurbished Brant Ward.

- *Reduced Bed Occupancy* - Average bed occupancy (excluding patients on leave) is lower than pre-OP-HTT levels (69.3% compared to 90.5%). This compares favourably to current mental health benchmarking data for 2018/19 for bed occupancy excluding leave (69.3% compared to 86% nationally) and is a good indicator of quality.

5. Improved Patient Wellbeing

In addition to improved performance metrics, patient experience has also been high, with significant improvements in patient wellbeing evidenced following OP-HTT service use. Based on 160 two-point report (start and end of treatment) Warwickshire Edinburgh Mental Wellbeing Scale (a validated patient-rated measure of general wellbeing) outcome measure returns; scored by the patient both pre and post OP-HTT intervention show an average positive change in wellbeing of +9.7 points. A difference of between 3–5 points between before and after scores is considered meaningful. The self-reported changes represent statistically significant improvements in patient wellbeing by users of the OP-HTT service and are indicative of positive clinical outcomes.

6. Patient Experience

The patient experience of the OP-HTT has been consistently high. Based on the nationally utilised patient experience Friends and Family Test (FFT); the recommendation rate for OP-HTT has remained above 95% positive at all three service review points (based on 203 responses). Within these 95% of responses being recommendations of either extremely likely or likely to recommend the service.

7. Reduced Clinical Incidents

Whilst not a direct like-for-like comparison, a review of recordable clinical incidents for the period before the OP-HTT compared to the period of the OP-HTT show a significant reduction. This indicates a safer service option for this particular patient cohort with admission avoidance reducing exposure to risks associated with hospitalisation.

8. Reduced Medication Use

A review of OP-HTT at six months identified reductions in terms of medication use. Subsequent reviews support initial findings and indicate that the delivery of shorter, well rated clinical interventions were achieved with the use of less psychotropic medications; reducing poly-pharmacy and risk of adverse drug reactions for this patient cohort.

2. **Conclusion**

The OP-HTT has been in pilot for over 18 months and has proven to be successful across all performance, financial and quality indicators. A process of consultation (or targeted engagement) is now required in order to consider the Home Treatment Team model as a permanent arrangement taking into account staff, carer, patients and stakeholder views.

3. **Consultation**

There are issues for consultation arising from this report.

4. **Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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