NHS
West Midlands

# Achieving Best Care in the Least Restrictive Setting

## A Care Pathway to Support Commissioning of Effective Clinical Services in Adult Mental Health - A Guide for Service Users


World Class Commissioning

# Acknowledgements

We would like to thank all those who have been part of this pathway work:

- The Independent Sector Project Board for their vision and support
- The 17 West Midlands Primary Care Trusts (PCTs) for their continued support
- The Specialised Commissioning Team (West Midlands) (SCTWM) for hosting and managing the project
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- Professionals and clinicians from NHS provider services who supported us throughout
- Commissioners for their patience and commitment
- Other Stakeholders including Local Authorities and the Independent Sector for their interest and support
- Most of all to the service users and carers for bringing their unique experiences to the project

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# 1 Overview

Pathways of care help to improve people's journey through services by:

- Achieving the Best Care in the least restrictive setting
- Setting standards
- Improving services
- Ensuring that the right care is delivered in the right place at the right time.

They also ensure that people's needs are met:

- Early
- As close to home as possible
- By preventing people moving into more restrictive settings that may not be appropriate

## Who has been involved in developing the pathway?

- Service users and carers
- PCT commissioners and reviewing officers
- National Health Service (NHS) and independent sector clinicians
- Other Stakeholders including Local Authorities and the Independent Sector for their interest and support

The pathway is part of a West Midlands (WM) regional project to improve commissioning with independent sector providers on behalf of the 17 Primary Care Trusts (PCTs). The care pathway applies to NHS as well as independent sector providers. Opposite is a diagram of where people receive care, movement between settings and some description of the service and issues which allow progression or inhibit progression towards independence.

**"We need to consider new methods to improve mental health services and the care pathway has much more detailed information that should help things to work better whether you are a patient or commissioner of services."**

**A Service User**

# Movement through Services

Appropriate for the vast majority of service users although a few will access acute inpatient care

Home with Community Support

Acute inpatient median 6-10 weeks
PICU Short Stay (up to 8 weeks)
HDU Medium stay (up to 18 months)

Acute Inpatient Care

Inpatient Rehabillitation

Inpatient PICU

Inpatient HDU

Hospital Service & Legal responsibility for care rests with the hospital. Links to green areas extremely difficult to establish and maintain

Long term (more than 6 months) hospital care

Links to green areas modest with tendency to provide a home for life which may or may not be appropriate

24 hour Nursed Care

24 hour Residential Care Full Support

Active Rehabilitation, decrease in staff hours, opportunities for independence

Residential Care Partial Support

Supported Accommodation

Independence

"We hardly ever refer for residential care…it feels like it's the end of the road"

A Social Worker

The pathway identifies services in terms of 'Tiers' and movement along, up and down the Tiers together with 'triggers' at the point of clinical decision making.

User involvement has been an important part of this work. Throughout the document users, carers and professionals illustrate their experiences of services through personal narratives.

# 2 Introduction to the Care Pathway

This pathway provides a 'journey' through the Tiers of services and is designed to help the commissioning of effective clinical services for people with Learning Disabilities (LD), Eating Disorders (ED) and Severe and Enduring Mental illness (SEMI).

## Reasons for developing this care pathway include:

- Making things equal across the region
- Using best practice
- Making sure services develop to meet peoples' needs
- Identifying and measuring outcomes of services
- Reduction in the use of inpatient beds
- Standards and performance indicators that can be audited

## Criminal Justice System

The Criminal Justice System is generally not able to provide an appropriate or therapeutic environment for people with Learning Disabilities (LD) or Mental illness (MI). Services need to work with the prisons to make sure people have information in a timely and accessible way, and ensure they are not unfairly treated due to either their LD or MI.

"I do get better, I do get remissions, but they don't last very long. What I fear is that they (the doctors) will give up on me. Then I will spend a long time in hospital…..a very long time, and then I will be sent somewhere. Just sent somewhere…."

A Service User

"She went to service X, they said it was rehabilitation, and they were very decent. But she seemed exactly the same to me, after three years…"

A Carer

## Access to acute admissions

Service users who need to be admitted to either mental health or learning disabilities in-patient care should be admitted according to assessed need and the appropriateness of the care setting for the individual.

The best outcomes are generally those where shared care is available straight away on discharge. A pre discharge review and a Person Centred Care Plan are agreed before discharge to meet the needs of the service user in the community.

The pathway relates to Learning Disabilities (LD), Eating Disorders (ED) and Severe and Enduring Mental Illness (SEMI) and describes the individual's journey and how the commissioning of clinical services within the community and inpatient care for people with LD, ED and SEMI can be improved.

Commissioners need to stop using services which are too large to provide individualised support, move people too far from home and do not provide people with a good quality of life either in that environment or in the local community.

Commissioning local services to prevent and reduce Inpatient admission and ensure early discharge are central to the successful implementation of this pathway.

# 3 Care Pathway Guidance

## 3.1 Philosophy

Services should;

- Place the individual at the centre of the journey.
- Recognise that the person is not a passive recipient of care but should be empowered to participate in the planning and delivery of their own care (although some constraints upon the person's involvement in this process may occur if detained under the Mental Health Act).
- Ensure each person has a complete assessment including mental health, safety, self care, physical health and social care needs.

- Promote effective partnership working and communication.
- Assist the individual in their journey to recovery, wellbeing and inclusion.

Access to services at the right time can be seen as a step towards a person's recovery by providing a level of support and therapeutic intervention that will allow the person to remain within their local community.

## 3.2 Principles

For most people clinical services need to be;

- Locally provided.
- Community and home based.
- Integrated into mainstream services with greater links between other agencies providing services.
- Timely with a greater need to promote healthy lifestyles, detect disease early and help people as early as possible.
- User led with a greater role for users of the service to say what their priorities are, offer choice, help shape services and have a say in how their health needs are met.
- Quality assured.

For a few people services away from home may be a good thing e.g. where the environment (within the local community or family home) has prevented effective treatment.

Without the above people are getting 'stuck' in inpatient services, residential and nursed care often for many years and sometimes miles away from home. These care services are often very restrictive, costly and sometimes in appropriate.

Providing effective care in the least restrictive environment should be the first option for people with complex needs at all levels of care. Greater community support and help, home treatment and a combination of day care and voluntary support must be considered and used first. Movement towards a less restrictive environment should be an ongoing process.

Inpatient care is only a small part of some individuals' journey through services and will only be an option where there is evidence that treatment and specialist help can be best managed in that setting.

The role of treatment at home or in a hospital setting must be well documented in the person's care plan. All admissions should take into account the Mental Health Act (MHA), Mental Capacity Act (MCA) - Deprivation of liberty Safeguard (DOLS) and the Human Rights Act (HRA).

## 3.3 Inpatient Admission

Best practice should involve forward planning for admission. Where emergency hospital admission is required then the best practice guidelines should be audited to ensure the person is in the right environment to receive the right treatment / help. A multi-disciplinary / agency approach to meet the needs identified in the person centred care plan is essential.

# 4 Aim and objectives of pathway

## 4.1 Aim

The main aim of the pathway is to provide the right care, in the right place at the right time. By providing guidelines to help commissioners, clinical services for people with AMH and LD can be developed and improved. The pathway has benefits in terms of positive outcomes for service users, carers, PCTs, NHS providers and independent sector providers.

## 4.2 Objectives

1. Ensure less restrictive and more local options are fully explored and developed.

2. Provide high standards for inpatient services.

3. Provide guidance relating to community services.

5 Commissioning guidance through the Tiers

The Diagram on page 11 shows the Tiers of service with inpatient care for a very small number of people, Tier 1 Primary healthcare is for all of the population. Tiers 2-3 provide for those with both short and longer contact with specialist services. Tier 4 is for those whose journey will include inpatient care

Inpatient care cannot simply be where high risk is managed. It should be a place to provide assessment, treatment or other help that cannot be provided anywhere else.

The pathway includes guidance that will help the commissioner know everything has been done clinically and socially at a lower Tier before any funding request is made to move to a higher Tier.

Standards within the pathway will highlight where questions should be asked of clinical teams.

This step Tier model recognises that individuals may be using services across a number of Tiers but they still need to re-engage at the right level.

This linked journey across the Tiers is the individualised Care Pathway.

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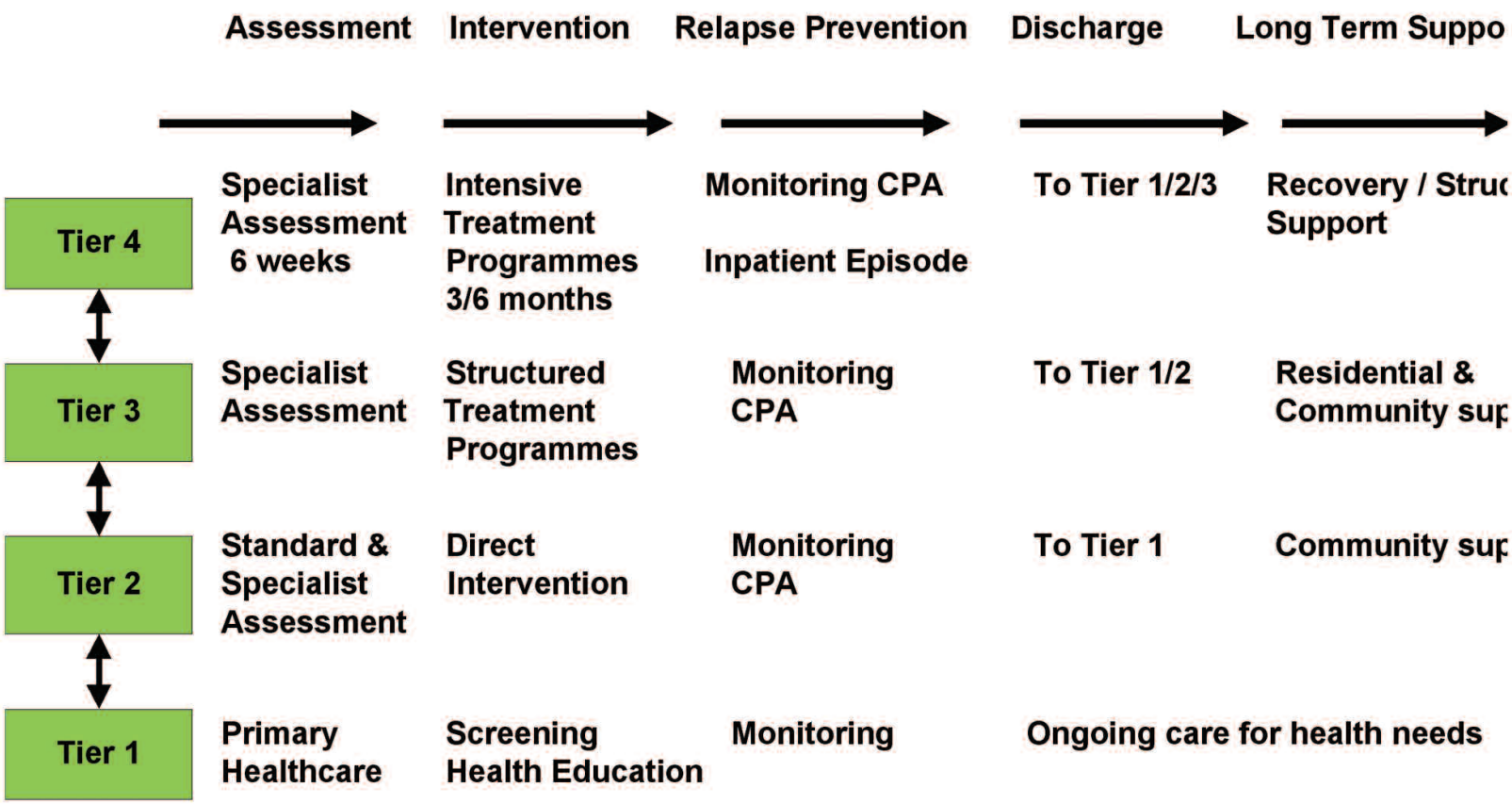
# 6 The Individual Journey

Each person will have different experiences of accessing specialist health services but their journey should be similar. To describe the individual journey the diagram on page 11 highlights the various levels that individuals may pass through at various times.

# INDIVIDUALISED PATHWAY OF CARE FOR PEOPLE ACCESSING CLINICAL SERVICES

Positive risk taking & sharing resources
Service User and Carer Involvement
Social Inclusion, Choice & Self Directed Care




Standards at Tier 4 could be applied to lower Tiers
Discharge in the pathway is to lower Tiers – Transfer is to a different care setting at the same Tier
Escalation is movement to a higher Tier

# 7 Anticipated Outcomes and Performance Monitoring

Any pathway needs to have clearly defined outcomes:

- Users' Experiences
- Clinical Outcomes
- General Health Gain
- Cost Effectiveness

Primary health professionals should provide care at all Tiers either as the first contact at Tiers 1 /2 /3 or as a support to MH Consultants at Tier 4

# 8 Performance Indicators

Performance indicators include: clinical measures – have people got better, process measures – are people having care that is appropriate, as near home as possible and is discharge happening as soon as possible, health gain – people are being discharged to a lower Tier, cost effectiveness – is the contract being applied and safety – are complaints and incidents being reported as soon as possible.

## Contact Details

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