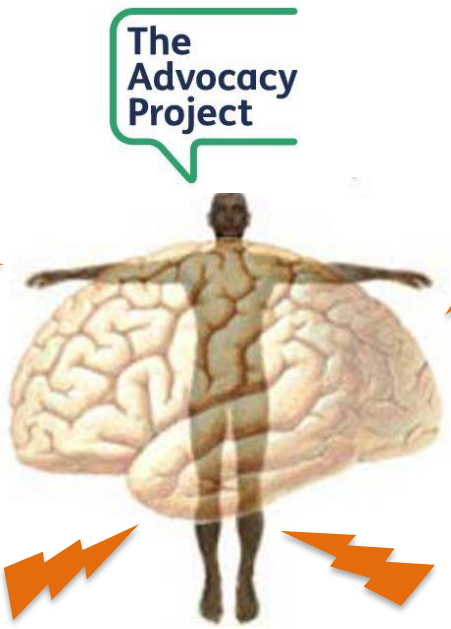
Improving the Pathway for People with Severe Mental Illness



The Advocacy Project

coresport

NHS
City and Hackney
Clinical Commissioning Group

City & Hackney GP Confederation
A community interest company

NHS
East London
NHS Foundation Trust

ceg
Clinical Effectiveness Group

HSJ AWARDS 2019 Partnered with AGRI
THE STANDARD FOR HEALTHCARE EXCELLENCE
WE ARE PROUD WINNERS
Mental Health Innovation of the Year

HSJ VALUE AWARDS 2021
Winner
Mental Health Service Redesign Initiative

HSJ VALUE AWARDS 2021
Winner
Digital Clinical Transformation Award

Introduction

- This is a story of our journey towards more integrated and holistic care for people with severe mental illness.
- It is a journey in two parts the first phase is the use of a multi-organizational approach to break through some of the barriers facing this patient cohort. The second phase is about patient empowerment through digitalisation and how digital technology can strengthen integration.
- Integrated care has become an NHS mantra, something repeated so often its meaning sometimes becomes fuzzy.
- I hope that in telling this story I share something that feels concrete and real and which helps us think about integration processes in a critical but constructive way.

Our local area

- City & Hackney CCG has a culturally diverse, inner city population of **322,616** with high levels of deprivation
- The SMI prevalence (psychotic and bipolar disorder) is the third highest in the UK at **4,626**
- SMI smoking rate: **40%**; SMI obesity: **31%**; SMI diabetes: **15%**; SMI high blood pressure: **21%**
- Life expectancy:10-15 years less (better than other inner London areas but still an issue)

Barriers for People with SMI

1. **ACCESS:** some don't visit their GP regularly or have physical heath checks
2. **PSYCHOLOGICAL:** some do not feel confident to make use of mainstream exercise and diet classes
3. **SOCIAL:** our main free local exercise provider did not accept people with severe mental illness
4. **SKILLS:** GPs tend not to have the confidence to properly review anti-psychotic medication with patients
5. **INFORMATION:** does not flow between primary and secondary providers and the patient

Phase 1: Breaking through the barriers through a multi-organisational approach

A **unique mix** of providers in an **alliance structure** removes barriers through shared goals and outcomes:

Supporting Primary Care Delivery

NHS East London NHS Foundation Trust

ACCESS & SKILLS

EMPOWERMENT

coresport

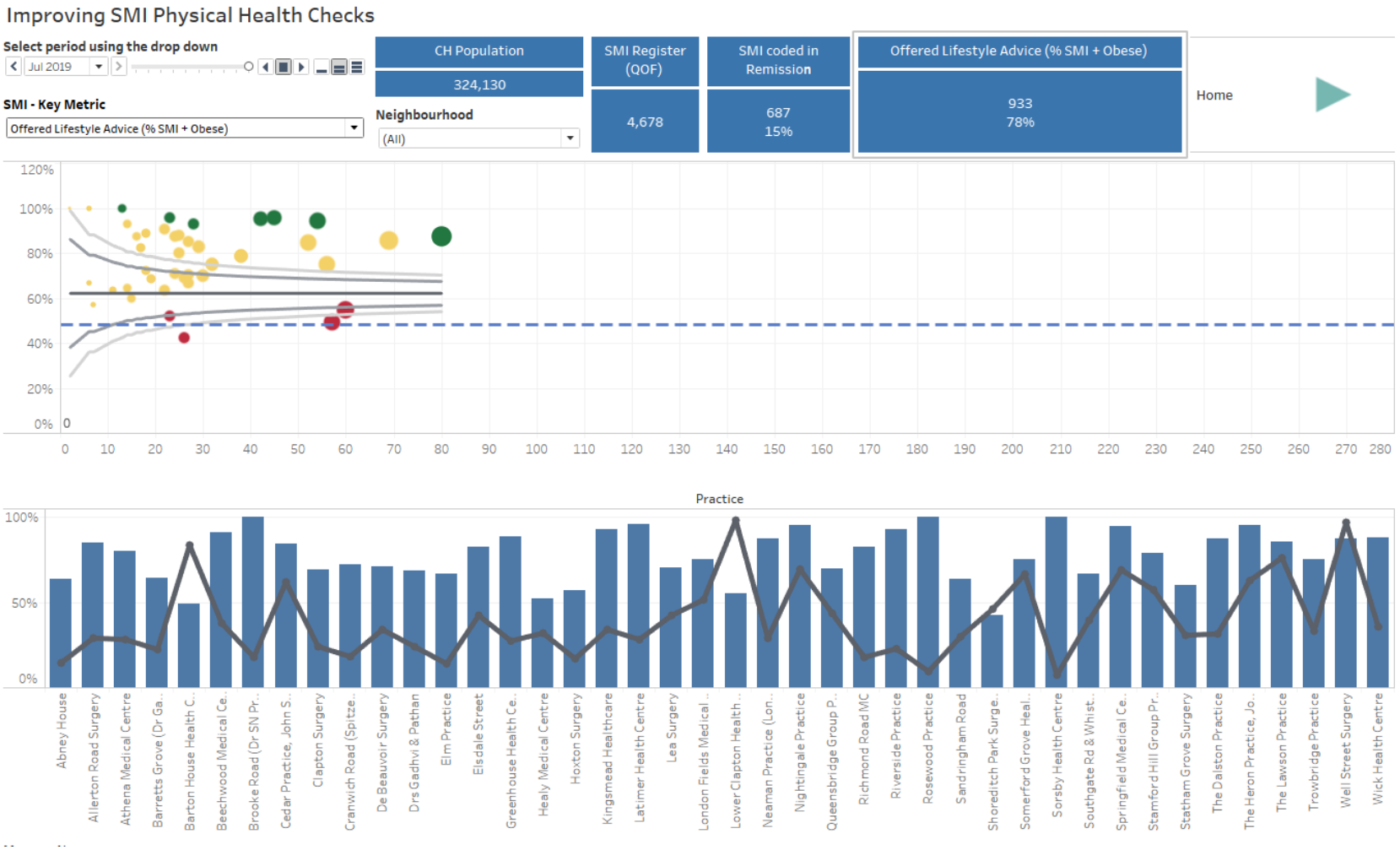
The Advocacy Project

INFORMATION

CO-ORDINATION

ceg Clinical Effectiveness Group

City & Hackney GP Confederation
A community interest company



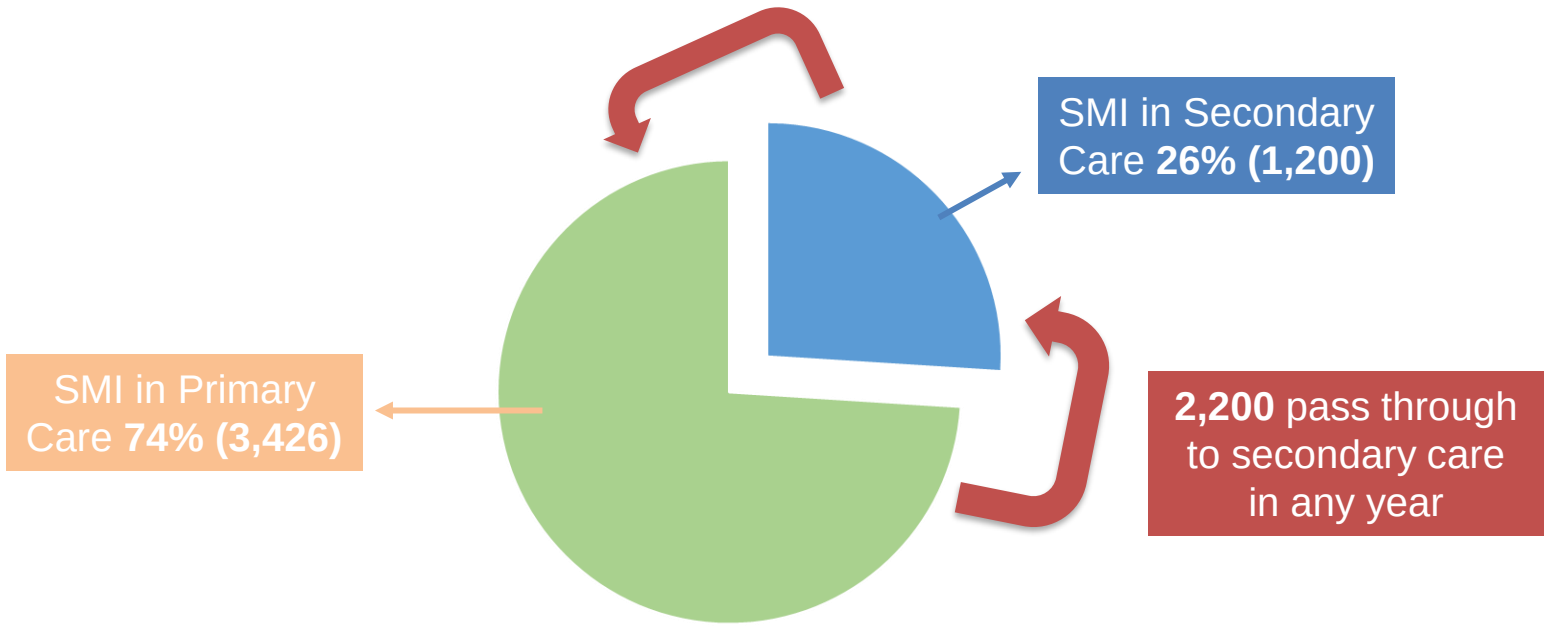
CEG Liaison worker discusses data profile with each practice. Work to improve outliers e.g. Beechwood practice move from 5% to 61% coverage after visits

Overcoming the Skills Barrier

- ELFT Psychiatrists and GP's jointly reviewed patients on anti-psychotics without a psychotic diagnosis
- 53 had their medication reduced and 77 came off completely
- Physical health checks coverage **increased from 15% to 76.1%**

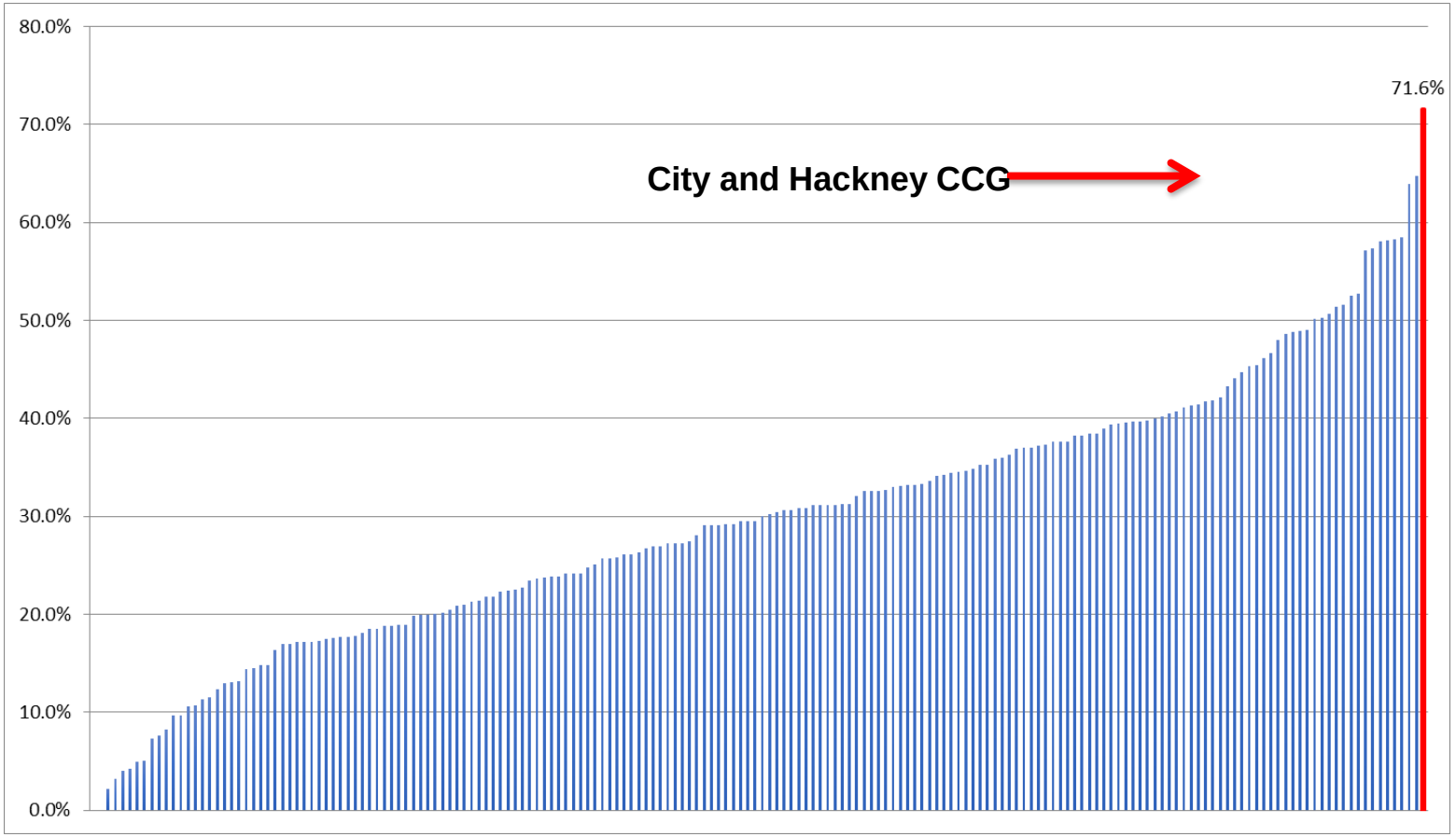
Overcoming the Access Barrier

ELFT's HCAs mental health are able to capture the flow in and out of secondary care and conduct home visits and residential home visits



Access Outcomes

Through the Alliance, City and Hackney's SMI physical health checks increased from 31% to **71.6%** and achieved the **highest level in England**, coming top out of 184 CCGs in 2018-19. City and Hackney were also top in 2019-20 (the last year of borough based recording).



Overcoming access barriers: a case study

Vincent has a psychotic disorder and lives on an estate in one of the most deprived parts of Hackney. He never visits his GP practice because he has a paranoid fear of healthcare staff. The ELFT specialist mental health HCA, Adam, was able to develop a relationship with Vincent, visit him at home and complete a physical health check. The blood test revealed toxic levels of lithium. In consultation with the psychiatrist his medication was reduced.

Mobile equipment like the portable ECG supports visits to more severe patients at home or in supported housing, who wouldn't visit their GP.

Overcoming psychological & social barriers

- Core Sport offers a **safe environment** where people can take risks
- Focused on **improving physical health and diet** for people with SMI
- Co-led by people with SMI
- Co-produced through active engagement

Empowerment

Physical health check
(HCA primary & secondary care interface)

Above threshold?
- BMI
- Blood pressure
- Low exercise
- Poor diet

Core Sport
- Service users set their own goals
- 74% engage after assessment

Service users self monitor
- BMI
- Blood pressure
- Exercise
- Diet
- MH Wellbeing

OUTCOMES
- **79% increased in exercise**
- **41% improved diet**
- **26% improved BMI**

Empowerment

“Gym, swimming, yoga, boxing...I love (it). I feel like I really belong…that social element really helps me to keep coming back each week, it is so much easier to exercise with others when having fun. Core Health class, helped me change my diet and along with the weekly exercise, I have lost almost three stone…this also helped reduce my pain levels too, as I had knee replacement surgery a few years ago and for the first time in years there are days I can finally walk around without my crutches. I saw my GP a few weeks back and they were really happy with my progress. I have type 2 diabetes and if I continue with what I am doing I might be able to reverse this diagnosis!”

Recovery Plans

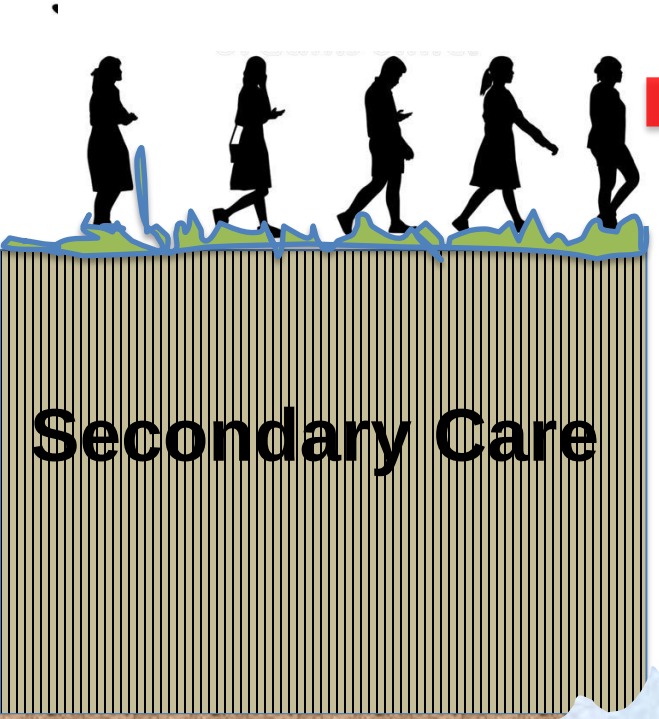
Plans were written but I couldn't access them even when requested

It feels like a one off assessment or tick box exercise

They felt like a lecture and continuous changes were not made

If there is one plan, everyone is aware of, you won't keep repeating yourself

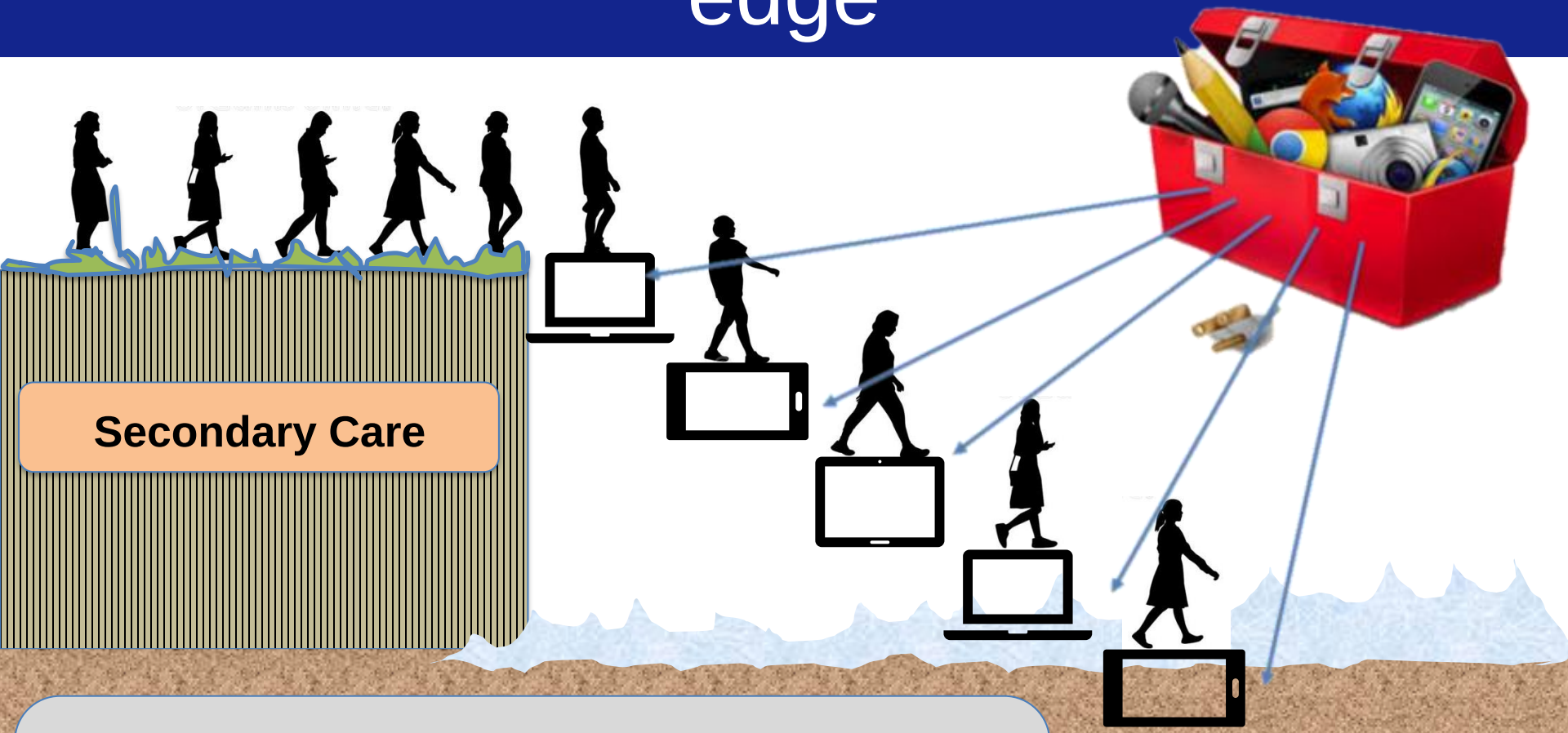
Phase 2: Digital Pathways



Service users complained that planning stops at discharge creating a cliff edge.

Primary Care

Ambition: a tool kit to avoid the cliff edge



The Platform provides an interactive tool kit for planning and maintaining recovery, which service users take with them after discharge. Care plans can be shared between organisations for the first time including VCSEs .

The Digital Solution: integrated and interactive

Share Info

Text or Video call

The Digital Solution: agency through choice

Like placing or removing petals around a flower, patients chose what support they they want around them.

Choices include:

- Setting goals and steps to achieve goals
- Who to share information with
- When and who to ask for help
- Fitness apps
- 50+ therapy and wellbeing programmes

About me

Use this space to record your story and what is important to you.

My Recovery Goals

Write down up to three goals that you want to achieve to get well and stay well. Under each goal write down the steps you need to take to achieve the goal and the date you hope to do each step.

My Personal Health Budget (PHB)

If you are using a PHB Direct Payment please fill in the details in the sections below.

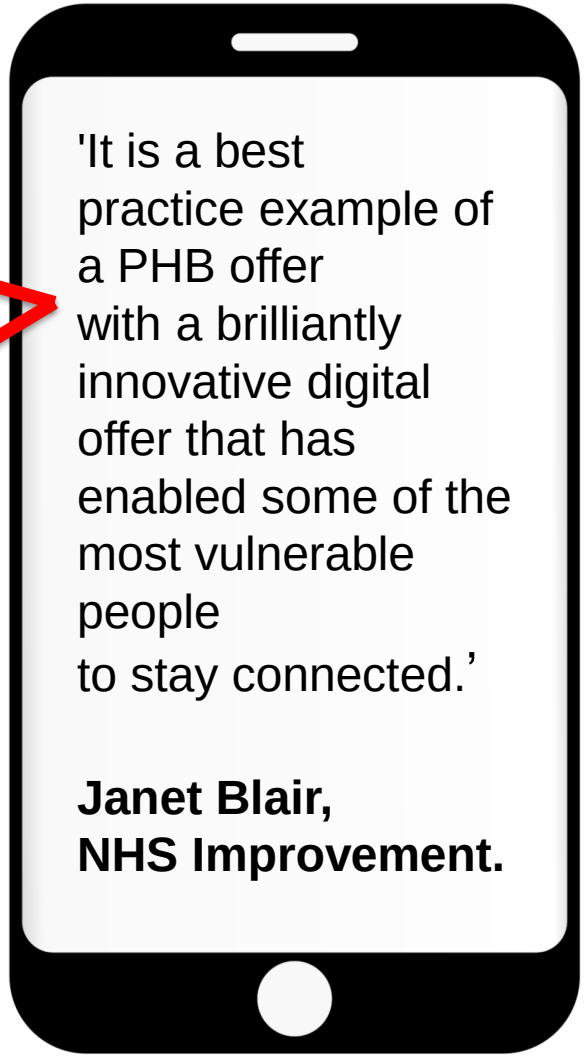
If you are using PrePaid Financial Services (PFS) online account or pre-paid card to receive your PHB Direct Payment, you can log onto your account here.

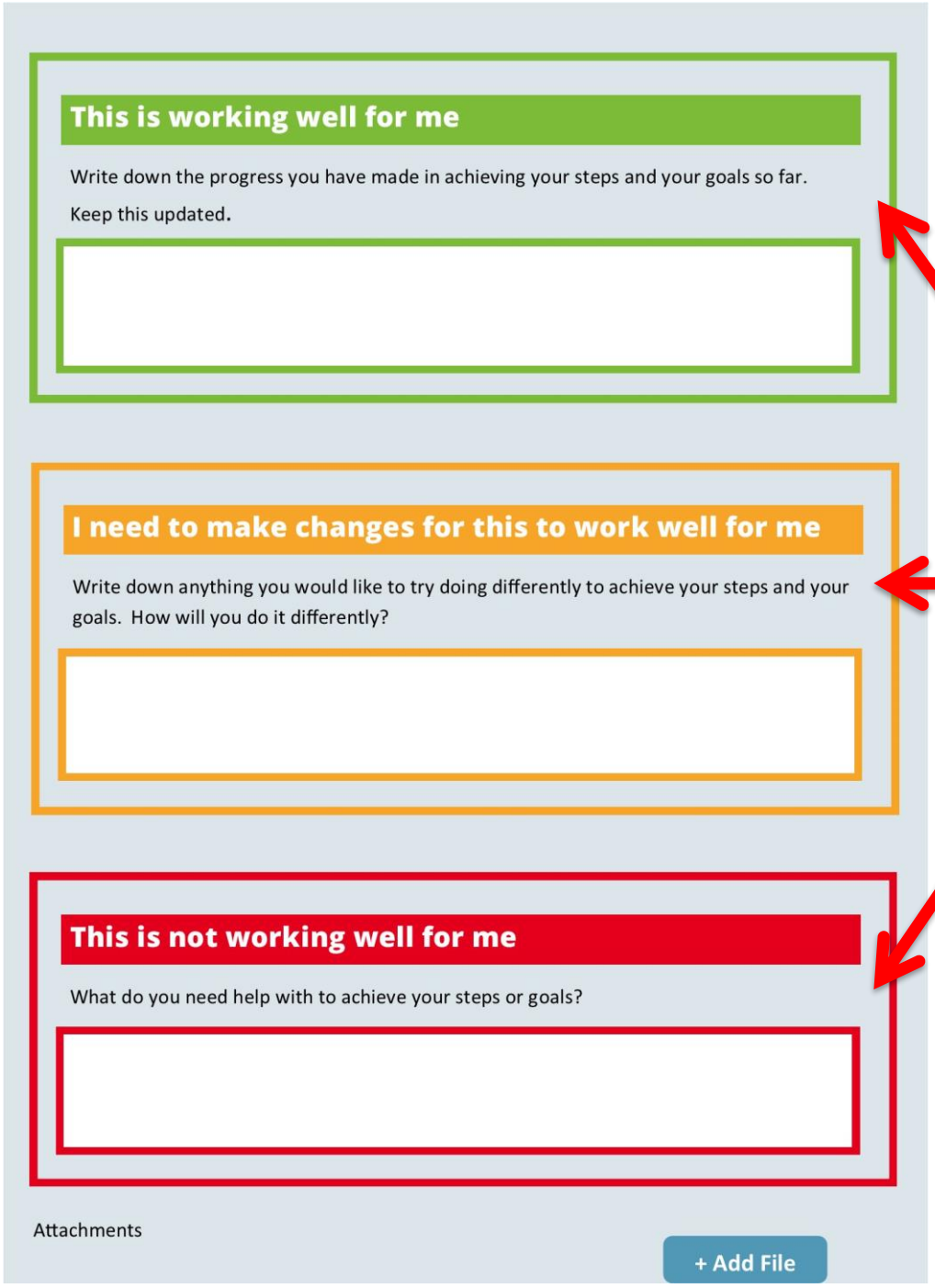
The value of my PHB Direct Payment is

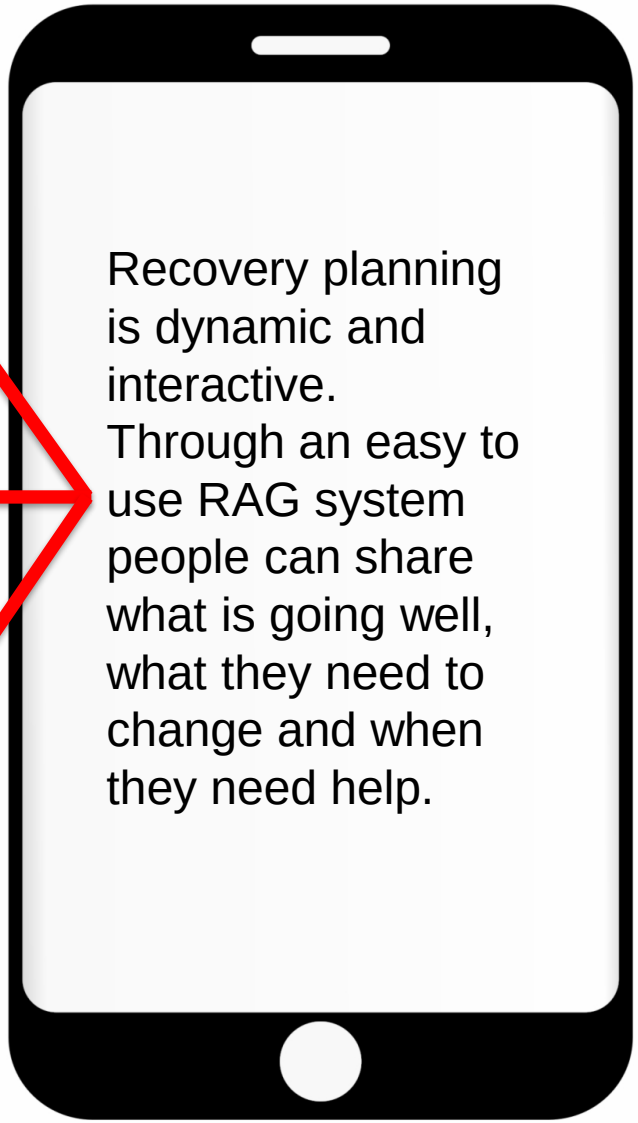
I am using this to access or purchase

I started using my PHB Direct Payment on dd/mm/yyyy

Who supported me to set it up?




This is working well for me
Write down the progress you have made in achieving your steps and your goals so far.
Keep this updated.
I need to make changes for this to work well for me
Write down anything you would like to try doing differently to achieve your steps and your goals. How will you do it differently?
This is not working well for me
What do you need help with to achieve your steps or goals?
Attachments
+ Add File


Recovery planning is dynamic and interactive. Through an easy to use RAG system people can share what is going well, what they need to change and when they need help.

General health

Me and My Goals with physical health check

Monitoring

Update date

08/03/2021

Measurements

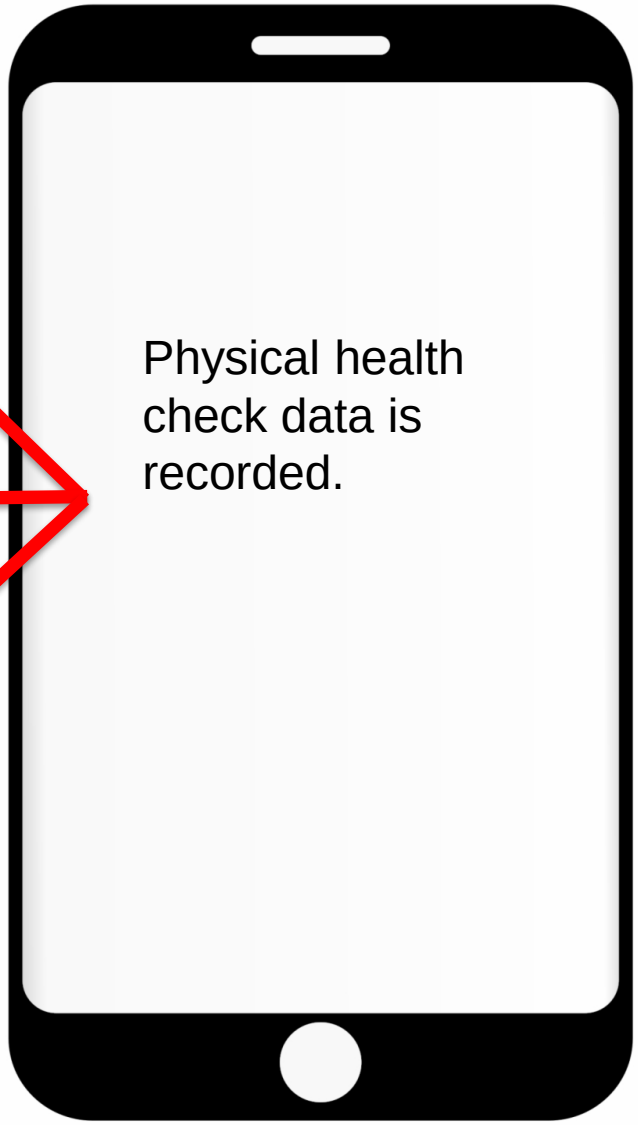
Go to M

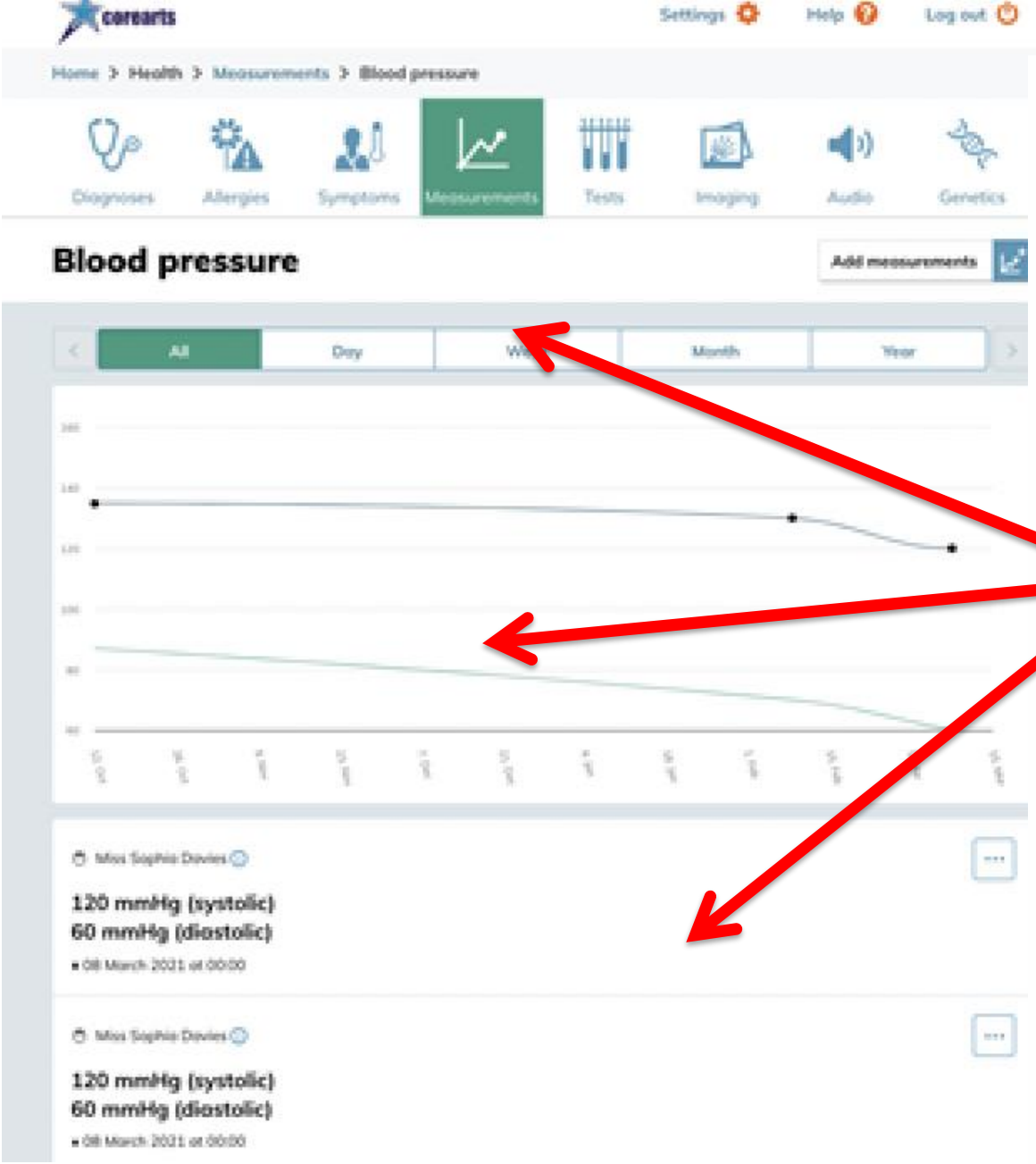
Alcohol intake per day	1	units		
Alcohol units per week currently	7	s		
Blood pressure	120	mmHg (systolic)	60	mmHg (diastolic)
BMI (Body mass index)	kg/...	kg/m^2		
Cigarettes per day	0	cigarettes		
E-Cigarettes per day	0	cigarettes		
Height	cm	cm		
Height	5	feet	8	inches
Pulse	66	bpm		
Weight	kg	kg		
Weight	pou...	pounds	oun...	ounces
Weight	10	stone	10	pounds

Test results

Go t

Result name	Result	Reference range		
Cholesterol [Mass/volume] in Serum or Plasma	3.7	From	To	mg/dL





Patients can see their progress

Sally's story

She has had multiple psychiatric admissions and is unable to work.
She asked for her care plan to be laminated so she could carry it with her.

"I had to ensure that I was carrying the document wherever I went, hope that the bag I had with me was not stolen from me while I was dissociative"

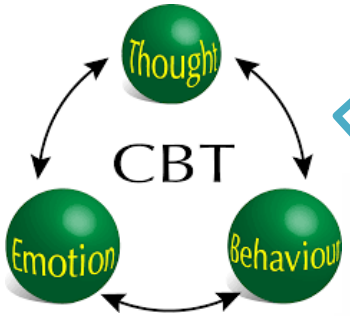
Sally's story

Social Network

"The platform is fantastic, clear and easy to use. It has given me the ability to be self-caring but I am not alone."

Crisis plan shared with paramedics

Personal Health Budget



Psychological support app

Health information

Outcome Measures

Online Psychotherapist

Healthy Eating Log

Outcomes: service user experience

Previous Process

Assessment (6 weeks from referral)

Average treatment wait: 24 weeks

Process with Digital Platform

Assessment + Initial Recovery Plan set up on Platform (2 – 3 weeks)

Daily use of platform viewed by therapist **covering risk.**

Patient tries out Platform resources (6 weeks)

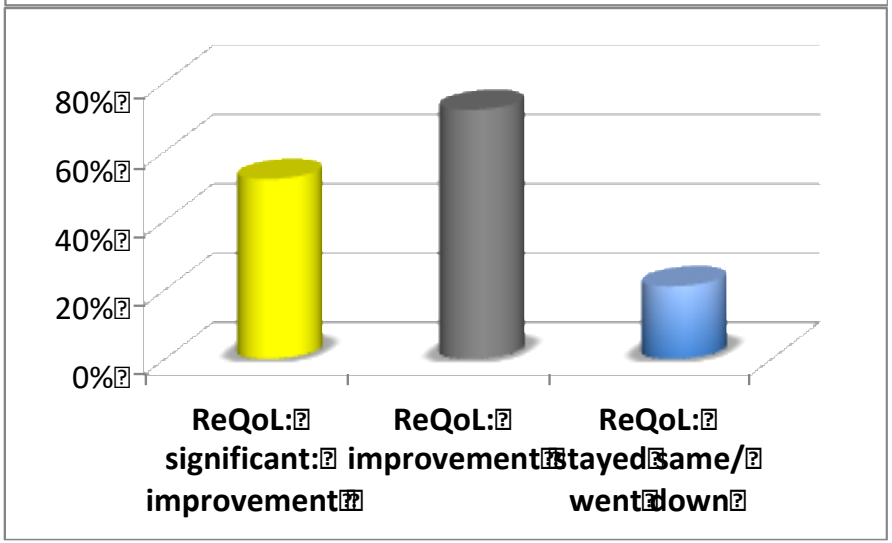
Recovery Plan review (repeated regularly)

Modifications made including more support

Outcomes: agency and recovery

Of those who have completed 9 months+ on the digital platform:

66% fully achieved their goals
and 14% partially achieved them (no: 160)

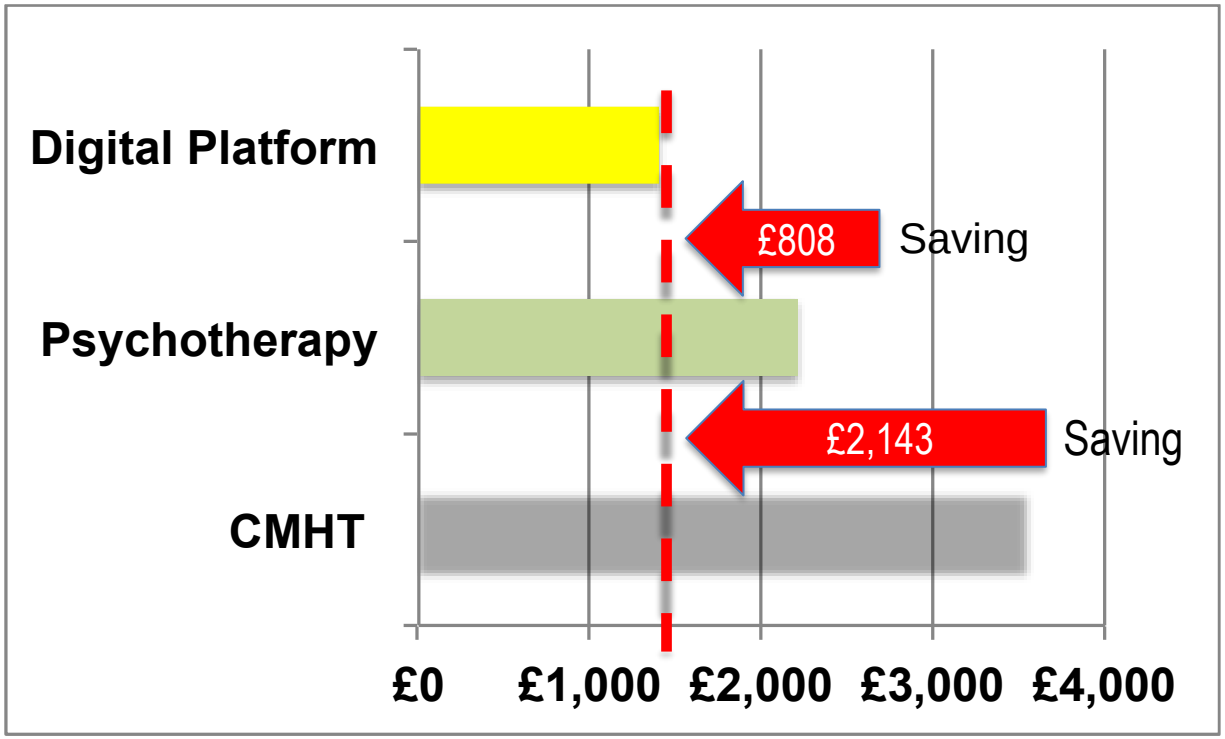


72% showed improvement
52% showed significant improvement
on DH recognised ReQoL psychometric measure (no: 118)

Outcomes: value

1. Patient's work more independently and record their own work reducing staff F2F time and admin time by 50% .
2. Reduced cost per patient means more patients can be seen
3. The Platform is easily scalable electronically up to 5,000 users at no extra cost and delivers significant economies of scale on our investment.

Cost per patient per annum



Outcomes: access and equality

Access

Over 700 with people with SMI have accessed the platform of which:

- 424 have accessed personal health budgets
- 145 have used psychological therapy apps
- 115 people have come off psychological therapy waiting list

Equality

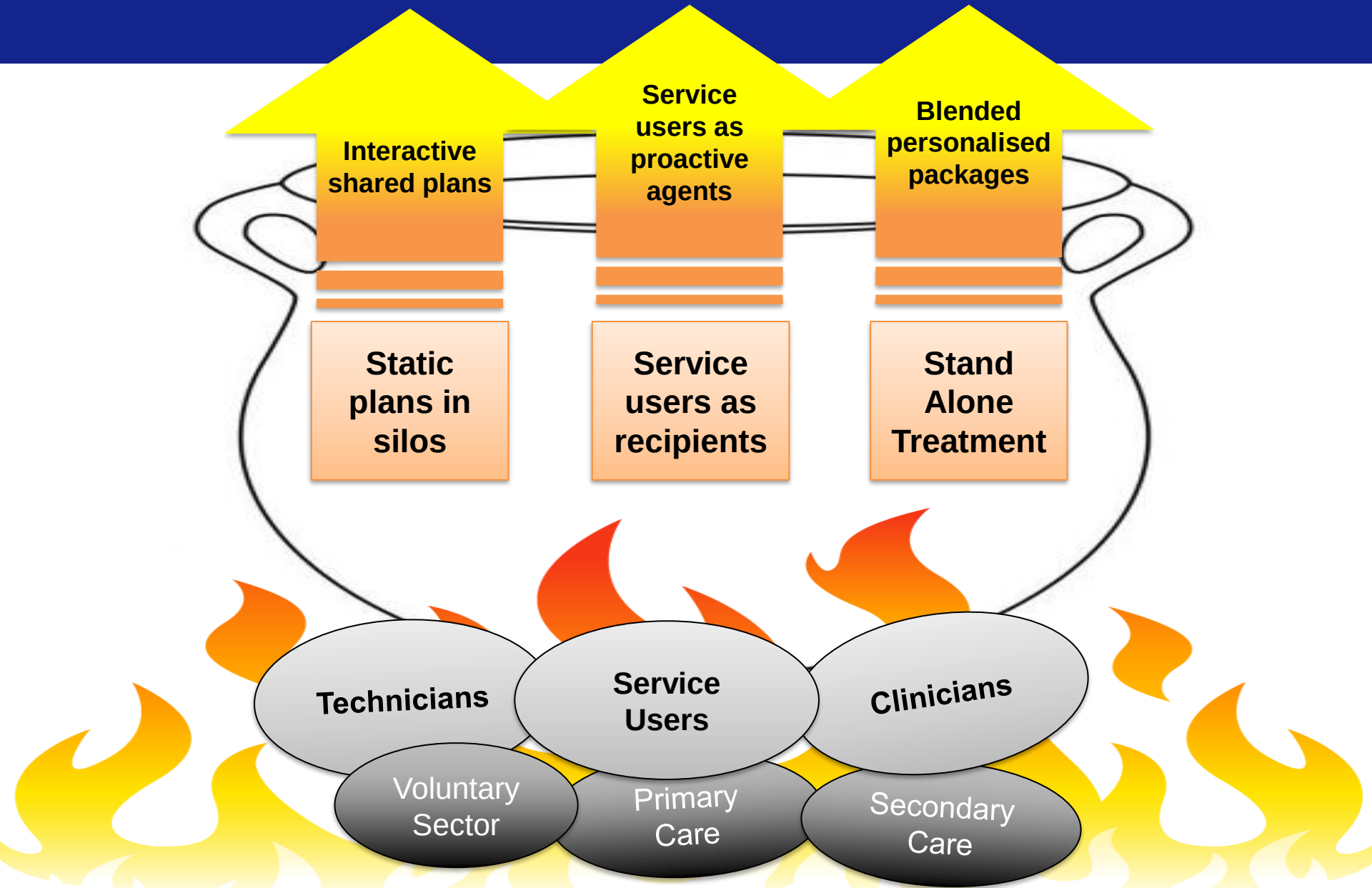
- 222 people connected across the digital divide through personal health budgets: 63 laptops, 146 phones, 13 tablets
- 69 service users received digital training to help use the platform
- 36% African & Caribbean community access

André's Story

André couldn't afford a smart phone but received a one through personal health budget giving him access the digital platform. He set recovery goals which he achieved: to become fit and gain confidence and employment skills. He has been discharged into primary care where he continues to access the platform and is an active member of the platform design meetings.

"When the pandemic hit, I found it hard. Without the new phone, I wouldn't have felt connected. I am the fittest I have been and exercise more during the week than I have ever done! My confidence has grown. I feel it has enabled me to have a voice and be listened to"

A melting pot for cultural change



Conclusion

- **We started small.** This journey towards more integrated care has taken place at a borough level it has been built around a borough's need using locally based organisations such as the VSOs and local GP pracitces. Also when we worked with larger organisations like ELFT we often worked at a local operational level first.

- **We created a foundation for something bigger.** Our model for physical health checks has now been disseminated nationally. We are also now expanding across our digital model across North East London. However, I don't think we would have been able to expand if we hadn't started small and local and operationally focused.

- **Having a vision.** Integration has been challenging the biggest difficulties being the complexity of digital solutions, the need to bring people from digital backgrounds together with people from clinical backgrounds, and the need for cultural change. The the most important thing that helped us was having a clear vision rooted in what service users wanted.