

Norfolk Health and Wellbeing Board

Inappropriate Out of Area Placements

All data is collated from existing reports visible to services and stakeholders as of the 30th September 2019.

What is an inappropriate out of area placement?

- An inappropriate out of area placement (OoAP) refers to a placement of a person assessed as requiring mental health acute inpatient care, who is admitted to a unit that does not form part of the usual local network of services.
- For the purposes of this presentation, an inappropriate out of area placement is:
 - A patient in a private hospital bed within Norfolk or Suffolk.
 - A patient in an NSFT bed, but not in their county.
 - A patient in a private bed outside of Norfolk and Waveney.

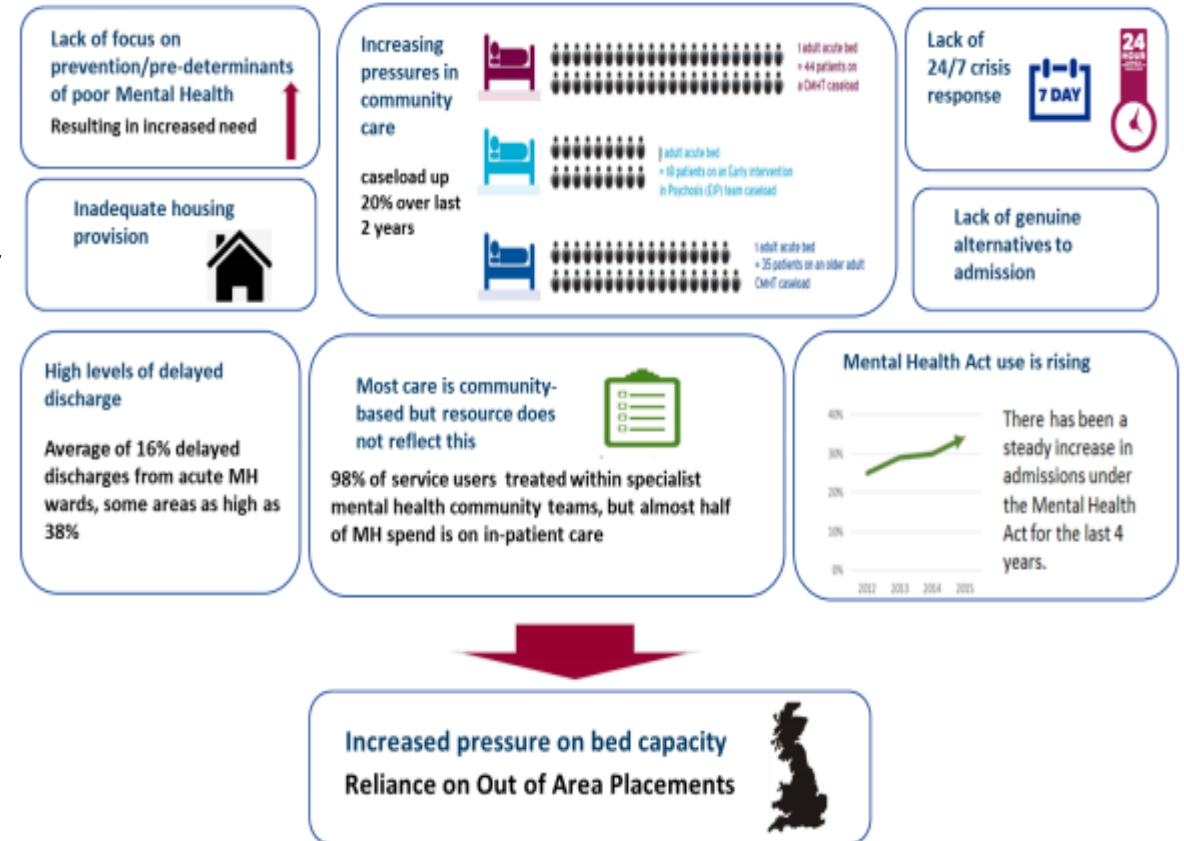
Why are inappropriate out of area placements a problem?

- Admitting a patient into an out of area placement can sometimes mean being 200+ miles away from their home and family.
- The length of stay in an out of area placement can often be longer because mental health community teams and social workers aren't able to see patients regularly.
- The impact of this distance on family, carers and friends can often mean hours, sometimes days, travelling to visit their loved ones. The distance can also mean visits aren't possible as often.
- The system cost of an inappropriate out of area placement can be between £300 to £750 per day depending on the placement. This doesn't include the cost of transport.
- The Trust has less control in the quality of care delivered from a private provider.

What contributes to inappropriate out of area placements?

Inappropriate OoAPs are an indicator of a mental health system under pressure. Key factors in this are:

- Increasing demand into adult community and older people’s mental health teams.
- Increasing demand for mental health crisis responses, resulting more people needing to be admitted to hospital.
- Longer lengths of time spent in hospital, due to the ability within full wards to effectively plan and support patient care and difficulties in accessing appropriate care in the community to enable discharge.

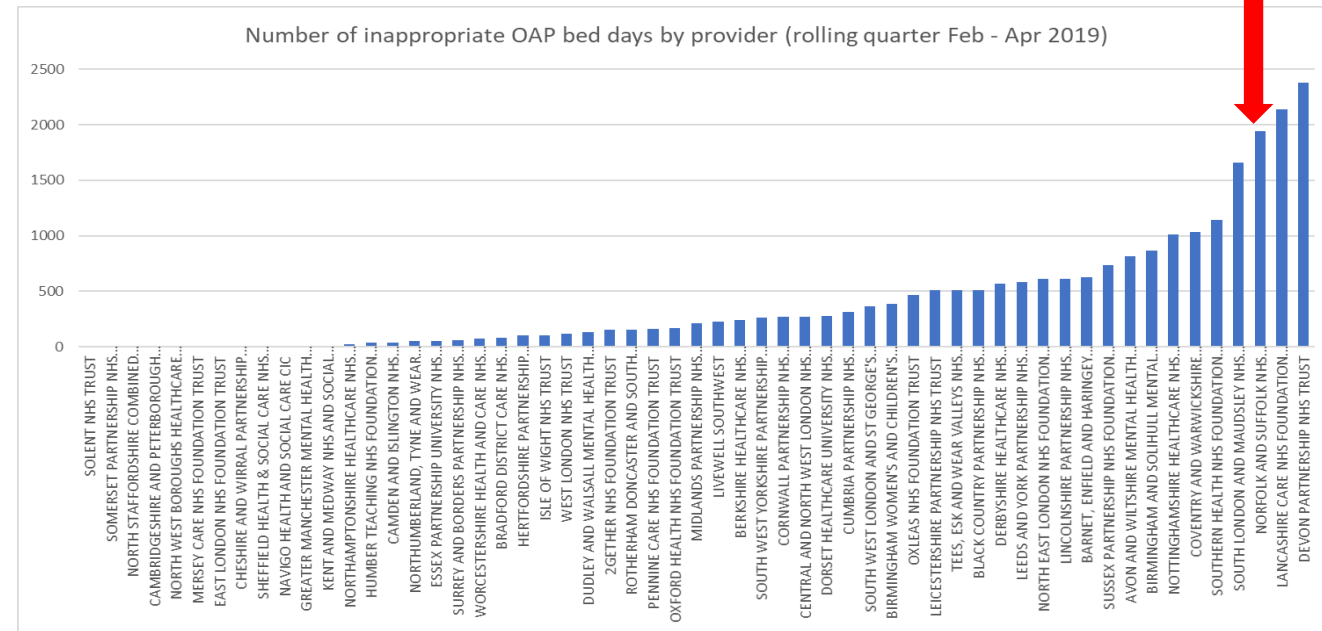


How we compare to the rest of the country

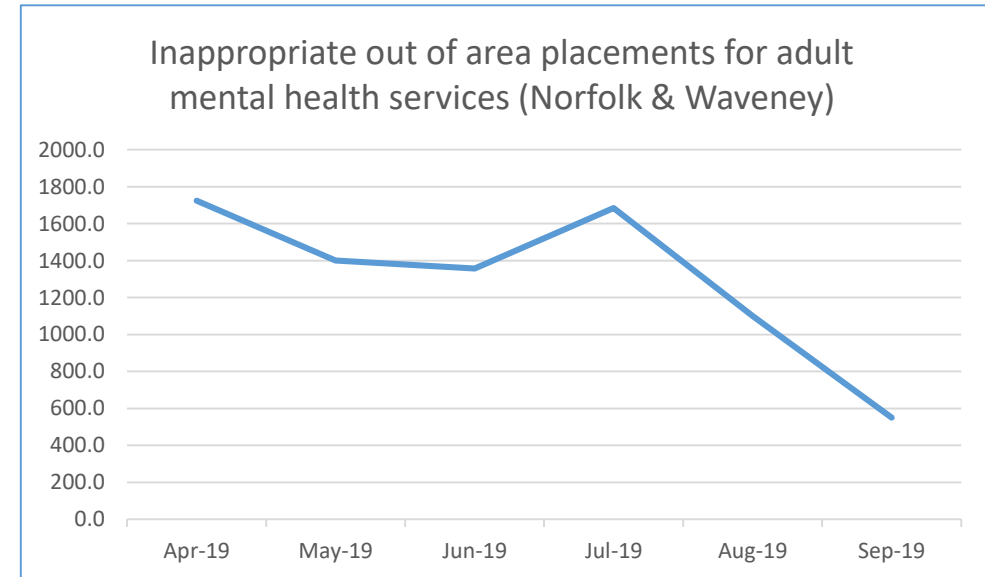
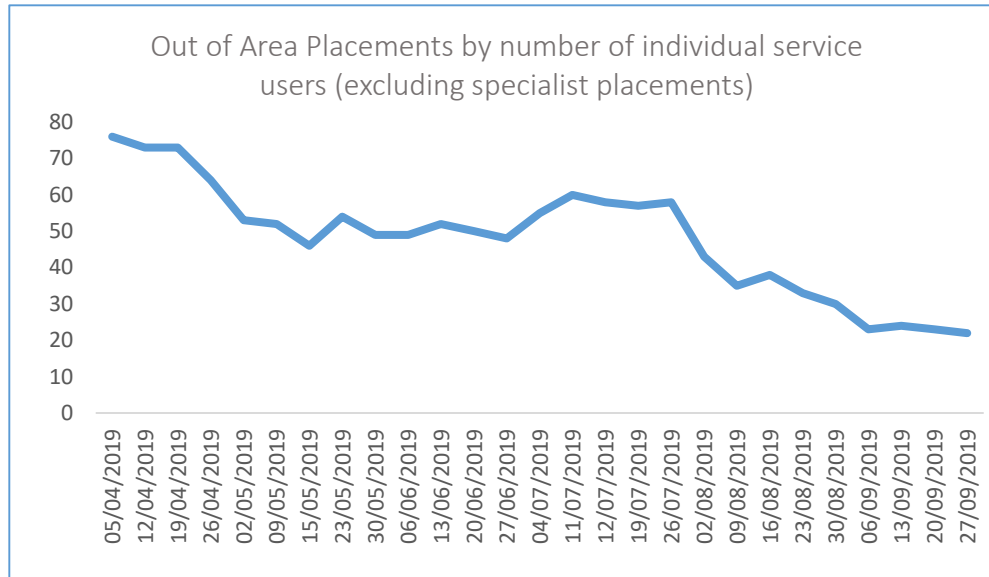
- Between February and April this year, Norfolk and Waveney was within the top three areas for the highest numbers of out of area placements.
- A Deep Dive with NHSE/I and system partners was held on 24th July 2019 and the national position below was discussed for context.

Top 10 providers
> 60% of activity

Top 5 providers >
40% of activity

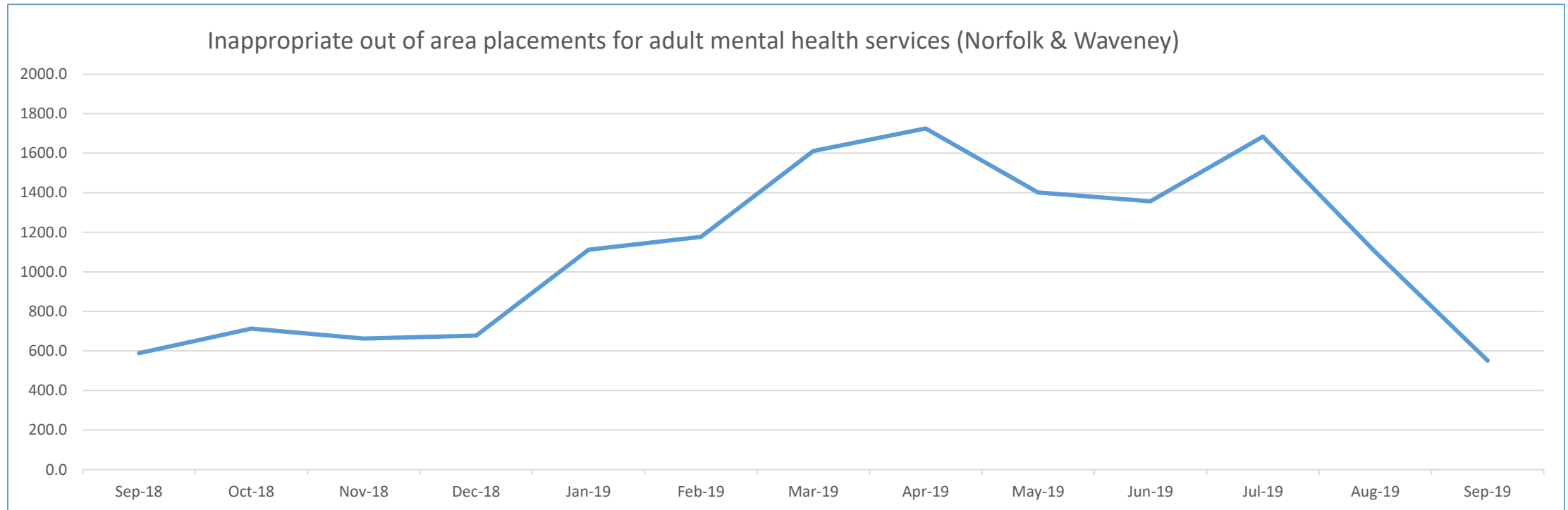


What is happening with OoAPs now?



- Inappropriate out of area placements (bed days) for adult mental health services is at it's lowest point for this financial year. A system-wide action plan has been developed and supported by CCGs and NHSE/I. A new 16 bed mixed sex adult ward opened at the end of September 2019.
- NSFT, Norfolk & Waveney CCGs and NHSE/I have collaborated through a new Patient Flow Mobilisation group to review and approve, monitor and challenge a number of change projects designed specifically to positively impact on the OoAP position. NSFT Executives are monitoring the position on a weekly basis.

What is happening with OoAPs now?



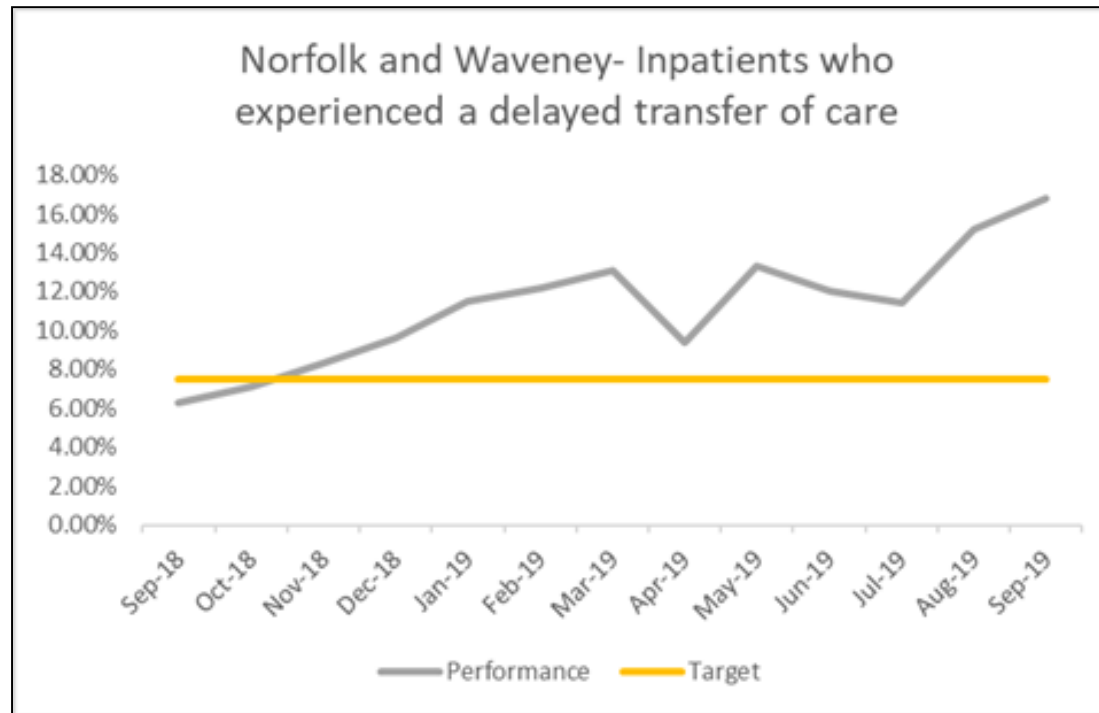
- To provide context over a 13 month period, the above graph shows the OoAP bed days for Norfolk and Waveney from September 2018 to September 2019. Recent sustained improvement has returned the bed days total to the previous year level for the same month.

The actions we've taken to reduce OoAPs

The reduction in OoAPs has been achieved by:

- Employing three dedicated Band 6 nurses visiting out of area patients every week.
- NSFT Matrons taking an active interest in OoAP patients as well as own ward.
- Executive level governance and assurance every week on plans for the week.
- Red2Green methodology rolled out to every adult and older person's ward in Norfolk and Waveney.
- Tighter delayed transfer of care (DToC) controls and reporting (moved to twice a week and supported by Norfolk County Council).

Delayed transfers of care (DToC)



- Alongside the OoAP position, the Patient Flow group is also monitoring the DToC position for the Trust.
- In September 2019 NSFT and NCC have agreed to use new national DToC guidance (November 2018) to reduce the minimum period of time required before DToCs are declared (from 10 to 3 days).
- Following a workshop with system partners in July 2019, a new operating policy is being developed to support this change.
- While the OoAP bed days position has recently improved, the DToC bed days has increased largely within older people services.

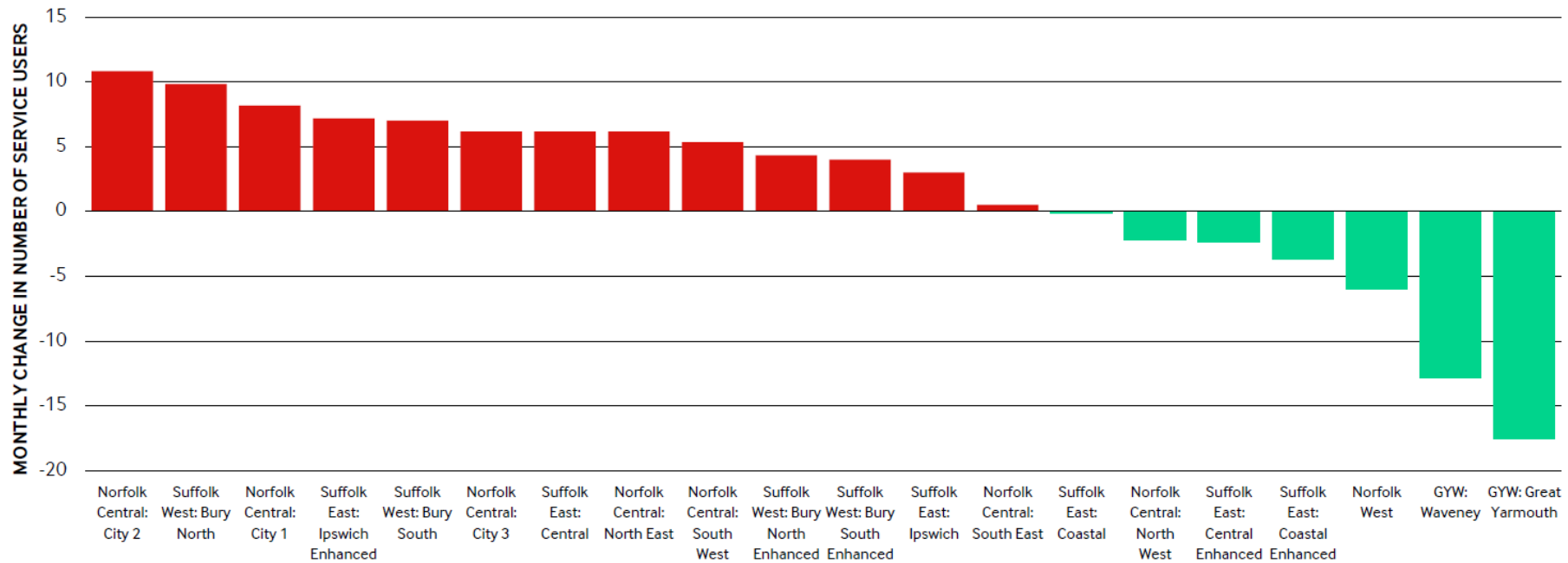
Increasing demand

IS DEMAND RISING FOR EVERY TEAM?

Average change to the number of service users in demand of services – including people on the team caseload, and waiting for a first contact. Information is taken for Adult Community Teams from October 2018 – March 2019.

Looking across Adult Community services by team, there is variation in how much demand is growing.

CHANGES IN DEMAND FOR ADULT COMMUNITY TEAMS



NEWTON

STRICTLY PRIVATE AND CONFIDENTIAL

What next?

- The work so far has had a big positive impact on OoAPs. However more steps are needed to ensure that in the future no one is inappropriately placed in an acute mental health bed far away from home.
- There are now three key areas of focus:
 - Community mental health services capacity and transformation – with plans to deliver as much mental health care as possible at a Primary Care Network level.
 - Crisis responses – additional funding is being used to strengthen crisis team services in NSFT and increase mental health support within the QEHKL and JPUH.
 - Reducing DToCs – working with housing, social care, district councils and wider services to support people to leave hospital at the right time.

How can health and wellbeing board members help?

1. Support with accommodation needs for inpatients and service users when identified

- Suitable accommodation is a major barrier to discharge for patients on NSFT wards and in OoAP. This often includes housing status changes whilst in a bed on an acute ward.
- A recent audit of the in-patient beds across NSFT showed that at any point in time between 10% and 14% of beds are occupied by people with No Fixed Abode.
- Work has started to better identify barriers to discharge at admission, but the housing picture in Norfolk and Waveney is a challenge.
- NSFT wants to work with the district councils to explore if District Direct could be expanded to mental health.
- All organisations are asked to support and attend the Mental Health Housing Summit being planned for this autumn, with a view to identifying actions that would help meet the accommodation needs of inpatients and service users.

How can health and wellbeing board members help?

2. Support with social care needs for inpatients and service users when identified

- Work on closer relationships with NCC is ongoing and is driven by changes to the DToC process. The aim is to develop robust discharge plans in partnership with NCC to manage complex needs. This is compounded when discussing an OoAP if they are not located in a bed in or close to Norfolk/Waveney.
- A lack of the right kind of care home and nursing placements is having an impact on the ability of NSFT to discharge older people from hospital and for social care to find suitable care. Proactive work is needed to ensure that more suitable care home and nursing placements are secured for people with mental health needs.

3. Re-instatement of Section 75 agreement in Norfolk and Waveney

- This would facilitate the requirements for point 2.
- It is recommended that Norfolk County Council, Suffolk County Council and NSFT work together to explore re-instating a Section 75 agreement in Norfolk and Waveney.



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