

01 2020

Communications and Engagement Team

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## **Briefing note:**

# **Tackling Out of Area Beds – an update on our model**

### **Overview**

Last year (in July 2019), we presented to you at HASC to outline our plans for Out Of Area (OOA) bed placements. Sending patients miles away from their family and friends for treatment, is a serious issue affecting many mental health providers across the country. However, it was highlighted at the time that Southern Health had more OOA bed placements than some other trusts. We were keen to address this, making it one of our key priorities.

Last summer, we put together plans to help address this by changing to a 'Divisional Bed Management' system. This meant that each of our four geographical areas/divisions - North and Mid Hampshire, South West Hampshire, East Hampshire and Southampton - would have more control over the beds in their area, rather than them being centrally managed by the Trust. The concept was that, by 'ring-fencing' their own beds, divisional teams would be able to more efficiently manage the beds available.

By 'owning' the beds, each division would be better placed to identify individuals likely to require admission earlier and be confident that if admission was required a bed would remain available (without other divisions filling it). By having this control over the acute resource, each division would also be in a position to manage the whole clinical pathway (community and acute inpatient), rather than the previous model where care was more fragmented.

Working in this manner, division by division, to reduce the number of OOA bed placements would also benefit the Trust's finances, OOA beds being a significant burden with £12.6million spent on them in 2018/19.

This paper aims to update Councillors on the impact of the change to the Divisional Bed Model and how successful it has been in helping us to curb the use of OOA beds within our adult mental health services.

### **Is it working?**

**Since being introduced the new model has, broadly speaking, helped to reduce our use of OOA beds. Whilst they are still higher than we want, the following information shows a gradual decline in OOA usage across the majority of divisions.**

The graphs overleaf show the average distance between a patient's home address and the unit in which they are receiving care. This is purely for acute adult mental health units (excluding PICU) and includes internal beds, contracted beds and spot purchase beds. The numbers are standardised by occupied bed day (OBD) to ensure that we are looking at the experience of the patient, regardless of how many patients are on a specific ward at any one time.

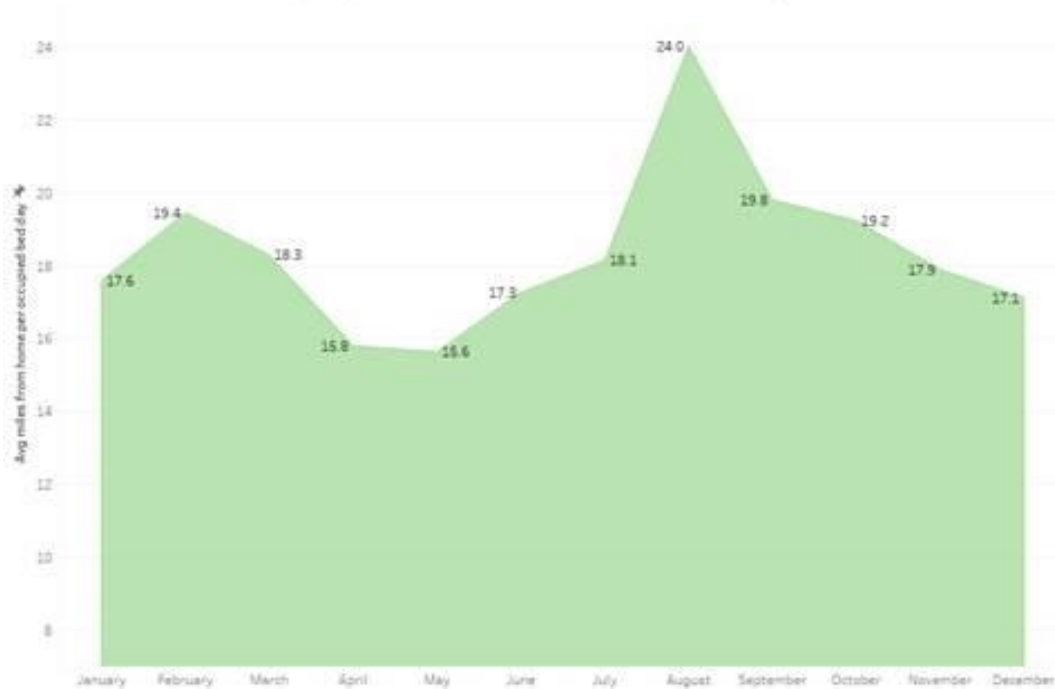
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### **OUR VALUES**



As you can see, the overall picture (first graph) shows a peak around July/August when the divisional bed model was introduced and numbers have since steadily declined each month to levels slightly below the beginning of the year.

**Trust wide average miles from home per occupied bed day for all acute beds (including spot purchase and contracted OOA beds)**



The model depends on each division's strict management of its own bed stock. Below is the same data but separated out into each division.

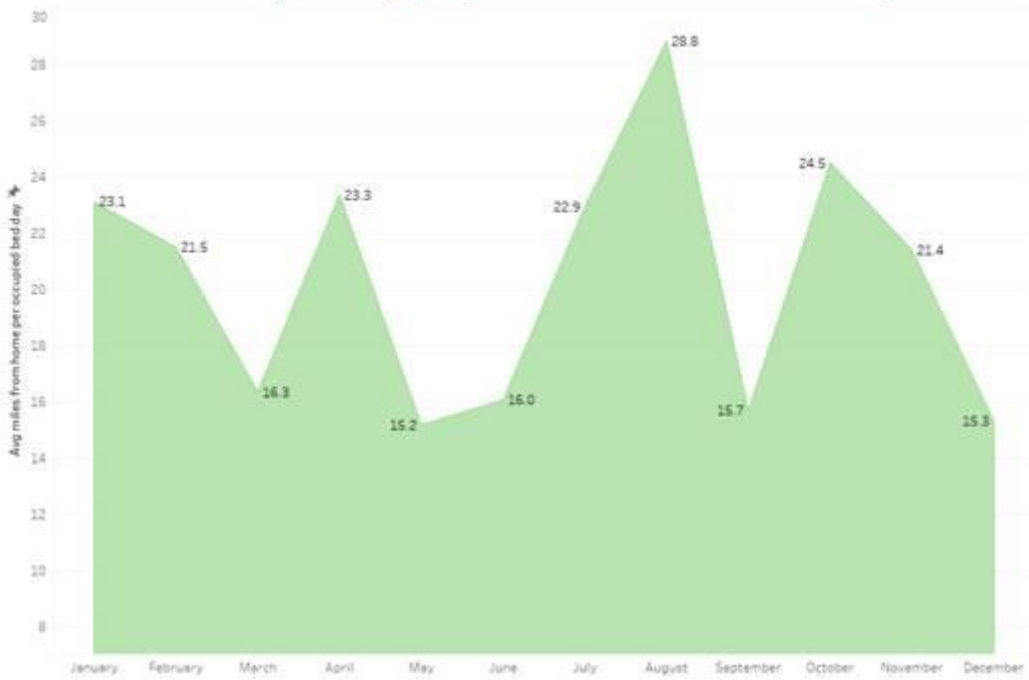
**Mid and North Hampshire Division**

**Mid and North Hampshire division average miles from home per occupied bed day for all acute beds (including spot purchase and contracted OOA beds)**



## South West Hampshire Division

South West Hampshire division average miles from home per occupied bed day for all acute beds (including spot purchase and contracted OOA beds)



Whilst more variable across the first few months, the average distance from home in December is now lower than any other point of the year in the division.

## Southampton Division

Southampton division average miles from home per occupied bed day for all acute beds (including spot purchase and contracted OOA beds)



## South East Hampshire Division

Portsmouth and South East Hampshire division average miles from home per occupied bed day for all acute beds (including spot purchase and contracted OOA beds)



Unfortunately in the South East Division, following an initial decline there has been a steady increase in placements. There are a number of issues which we believe are causing this. The Divisional Bed Model relies on the careful management of bed stock. Unfortunately a number of experienced clinical staff have left the division, individuals who we have struggled to replace. This has impacted the division and has contributed to the rise in placements.

### What are the challenges?

Reducing the number of OOA bed placements is not a simple task and it is complicated by a number of factors. Some of these are system issues and will affect a number of our partners and providers, others are factors within our own gift to change.

As a Trust we are facing a number of challenges which are impacting on our ability to fully deliver the Divisional Bed Model. The biggest of these is, without doubt, recruitment and retention of staff. The effect this has on the Divisional Bed Model includes:

- Lack of experienced leaders on wards to make decisions relating to the management of beds.
- Fewer staff on wards, meaning more people stay in a bed for longer, slowing patient flow.
- Fewer community staff able to support people in their homes, resulting in admission to hospital.

The challenges within the system include:

- An increase in the number and acuity of the patients we see in Hampshire, with 57.3% of admissions being detained under the Mental Health Act, compared to 45.5% in 2016/17.
- Fewer acute beds in Hampshire than the national average (14 per 100,000 compared to 19 per 100,000) - national benchmarking would suggest we have 40 too few beds compared to similar populations.

- Longer average lengths of stay in Hampshire (44 days compared to the national average of 32) - with 39% of beds occupied by patients who have been in them more than 100 days.
- A historical lack of investment in alternatives to inpatient care - such as community mental health services, home treatment and crisis response.

### **What are we doing to support this?**

As previously outlined in our July 2019 paper, we are working on a number of projects to support the Divisional Bed Model. These include opening a community-based Crisis Lounge in Southampton, improving our psychiatric liaison services in acute hospitals and placing mental health nurses in the NHS111 call centre. Over the last six months we have:

- Identified a location and begun estates work on our Community Crisis Lounge.
- Worked with our colleagues in the acute sector to improve our psychiatric liaison services, including as part of the Accident and Emergency redesign at Queen Alexandra Hospital.
- Placed a number of mental health nurses in the NHS111 call centre. The project has been highly successful with expansions planned.

The importance of the patient journey beyond hospital has also brought into sharp focus how we support individuals once they have been discharged and the need for appropriate accommodation. We are particularly proud of our recent work with local housing providers and charities, including Radian Home and Two Saints, who have helped provide us with community flats for suitable patients so they can be discharged back to the community in a supported manner.

We continue to take part in a number of multi-agency meetings in order to ensure better system working and to work with our partners to find solutions. These include:

- Local meetings in all areas with Hampshire County Council; unblocking issues and delays to discharge
- Weekly 'Stranded Patient' Meetings with HCC, Southampton City Council and local commissioners
- Strategy meetings between HCC and Southern Health senior managers
- Meetings with different housing providers to explore further housing options
- Weekly meetings with local authority colleagues to look at any delays in the transfer of care
- Monthly mental health directors meetings – where it was agreed that OOA placements were a system-wide, multi-organisational priority and an ECR programme board was established as a result.

### **In summary**

We believe that the new Divisional Bed Model is having a positive impact. The data shows gradual decreases across all but one of our divisions. Where it is not working (i.e. in the East of Hampshire), we know there are other significant issues to address.

January is a significant time for mental health services with a traditional increase in demand across the system. We will continue to closely monitor bed usage during this time and to assess the effectiveness of the divisional model.

### **Any questions?**

If you have any questions, please contact Graham Webb (Divisional Director of Transformation, Mental Health and Learning Disabilities) on 02380 874335 or email: [Graham.Webb@southernhealth.nhs.uk](mailto:Graham.Webb@southernhealth.nhs.uk)

*Ends*