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A decorative graphic on the left side of the slide, consisting of a large arrow pointing to the right. The arrow is composed of two overlapping shapes: a light blue one on top and a dark blue one on the bottom, both with white outlines.

**Complex Mental Health Supported
Living in a Public Private Partnership**



▶ Video content

- ▶ The Commission heard.....that patients were often cared for in the wrong part of the system, as inpatients, when they could have been cared for in the community

The Commission on Acute Adult Psychiatric Care 2016

SIL:

- ▶ We believe that there are still too many people who are currently residing in hospital, secure and other institutional care settings who, with the right support and structure, would thrive in community settings.

SIL 2013

SIL:

- Part of the Lifeways group of companies
- Our aim : transition individuals from hospital and medium/low secure settings
- High support, Recovery focused and ‘enabling’ model for Complex clients
However, Recovery is not an excuse to do nothing!
- High quality, self-contained accommodation, Individual tenancies. Partnership with Developers and Specialist RSLs.
- In the community ‘close to home’ - ‘Social capital’

- Quality and Practice Team - provide ‘wrap around support’ - 3 key functions that ensure that we are competent to manage complexity and risk in the community.

- 23 operational schemes supporting 333 tenancies across the country



Influenced by.....

- **Making Recovery a Reality**

- *Moving away from pathology assets rather than deficits*

- *Hope*

- *Self-management*

- *'the helping relationship'*

- *Identity and social context*

- **No Health without mental health**

- ii: More People who develop mental health problems ...greater ability to manage their own lives..purpose and the skills they need to live and work.*

- Iv: 'More people will have a positive experience of care and support'*

- 'The greatest choice'*

- 'control over their lives..in the least restrictive environment'*

SIL: Recovery Model



- ▶ ‘Assets’ rather than ‘deficits’
- ▶ Support that flexes as the individual needs it
- ▶ “On Tap” not “On Top”

The ability to manage complexity and risk in the community

- ▶ LSU, MSU, Locked Rehab, Multiple failed placement
- ▶ Institutionalised
- ▶ MoJ, Life licence, NOMS, CTO
- ▶ Substance Abuse
- ▶ Arson
- ▶ Learning or Communication Difficulties
- ▶ Unregulated Emotions
- ▶ Limited Protective factors or Coping Skills
- ▶ Enduring Delusions or Beliefs
- ▶ Risky / Unpredictable / Chaotic Behaviours
- ▶ Maladaptive learned coping mechanisms
- ▶ Attachment Issues
- ▶ Impulsivity

SIL: Risk Profile

- ▶ 28 % have committed a significant offence, such as sexual assault; murder; violent incident, e.g. aggravated robbery.
- ▶ 33 % of people supported have a ministry of Justice history and the vast majority have continued restrictions under s41 of the Mental Health Act
- ▶ 33 % have a fire setting history
- ▶ There is inevitable cross over where people have a combination of high risk behaviours, offences and fire setting history.

SIL: Quality and Practice Team

The competence to manage complexity in the community



The challenges of the current system

- Risk aversion
- Risk amplification
- ‘Crisis management mode’..Right here.. Right now
- Unreasonable expectations: Recovery Ready?
- Stifling innovation: frameworks, pen pictures and Quality/ Price ratios
- A Focus on outputs rather than outcomes and Recovery
- Lack of Aspiration
- A shared view of Recovery?

When it works...Partnership is key

- The risks can only be safely managed in partnership with others: mental health services; commissioners; housing providers.

- For example, detailed partnership work has enabled the safe and transparent transition of people into services with fire setting history - collaboration between SIL, Commissioners, RSLs and insurers



- Shared decision making with commissioners has enabled people to be safely maintained in the community: Wellingborough; Exeter, Worcester, Wigan. Client specific and steering group approach

- Integration has been an objective of national policy for more than three decades, but despite... ambition and countless policy initiatives. Despite the rhetoric around integration, this has not been followed through by implementing ways of planning, paying for and regulating services to support organisations to work together

Kings Fund, Integrated Care September 2019



Salem Lane Wellingborough



▶ Video content

NHFT'S BACKGROUND STORY



The journey to partnership working...



Lynda Patino
Rehabilitation Service Manager
Northamptonshire Healthcare NHS Foundation Trust

2016

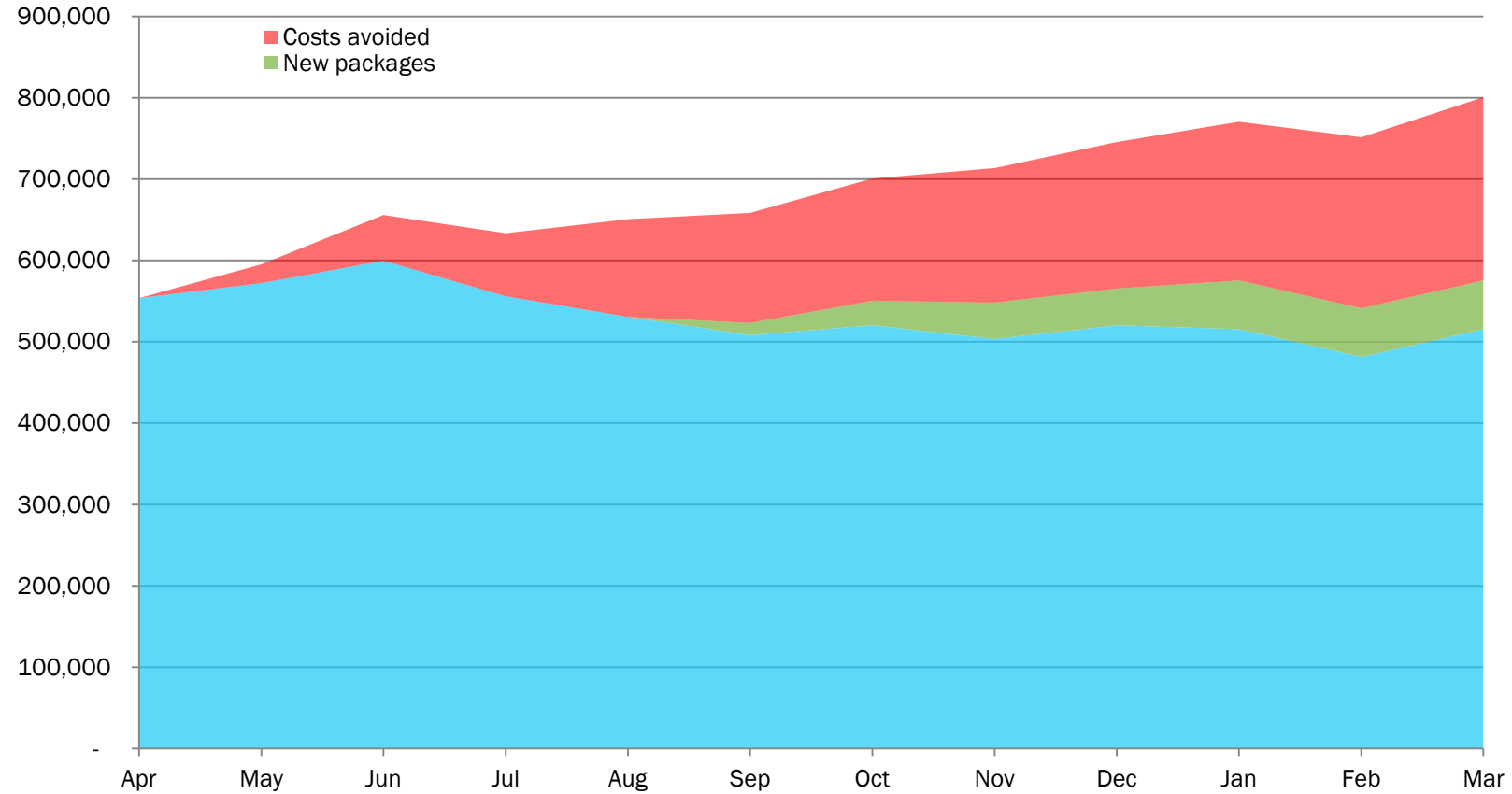
- Local CCG held the budget
- The budget was blown!
- Outcomes for service users was poor
- Readmission rates were high
- Referrals for locked and open rehabilitation were increasing
- Our service users and the budget were telling us we needed to do something differently.



WHAT WE DID NEXT

- Worked with the CCG to transfer the budget and responsibility to NHFT
- Interviewed all service users who were either in locked and open rehabilitation placements or had been in such placements and analysed the feedback to formulate a different way of working
- Set up an intensive recovery team
- Identified who could step down into the community and what was needed to transition those who couldn't
- Work with supported accommodation providers to facilitate community placements.....this wasn't easy, and we were met with resistance
- THE WORK THEN BEGAN IN PARTNERSHIP WITH SIL

COSTS PER MONTH TO THE NHS



100% HEALTH FUNDED HOSPITAL PLACEMENTS IN 2019

Locked Rehab:

FEMALES: 8 all with the diagnosis of Personality Disorder (PD).

Average cost per day £500

MALES: 13. 12 with a diagnosed psychotic illness, 1 with a PD

Average cost per day £360



Open Rehab:

FEMALES: 8

5 psychotic illness, 1 mood disorder, 2 PD

Average cost per day £285

MALES: 23

20 psychotic illness, 1 mood disorder, 2 korsakoffs

Average cost per day

£285



PARTNERSHIP WORKING- NHFT AND SIL

THE PARTNERSHIP EXPERIENCE

- Risk taking – Trust between the teams/services
- An extension of our NHS service and team
- Sharing of experiences, from recruitment to community resources as employers

BENEFITS

- Service user experience – feels like home, the most positive feedback received regarding a private provider
- Joint risk and safety plans for service users
- Sharing risk and managing risk together enables people to remain at home and a
‘no blame culture’
- Outcomes - moving through the recovery pathway
- Reduced hospital admissions and reduced length of stay
- Shared incident reporting

LESSONS LEARNT:

- Accepting and recognising achievements (SU's 1st Xmas in 9 yrs)
- Managing other private service providers responses

Partnership working SIL and NHFT...

- ▶ Balance of 'Power'
- ▶ Transparent
- ▶ Decisive
- ▶ Honest
- ▶ Supportive
- ▶ Clarity
- ▶ Sign up
- ▶ Success

- Current ways of measuring performance and holding the health and care system to account do not adequately reflect people's experiences
- There is therefore a strong case for strengthening connections between the NHS and other services to create 'population health systems'. This will require collaboration between NHS organisations, local authorities, the third sector and other local partners...

- ▶ The NHS five year forward view and more recently the NHS long-term plan set out a welcome vision of joined-up services and a system built around collaboration rather than competition. Integrated care systems (ICSs) and primary care networks (PCNs) are the main mechanism for implementing these ambitions, offering an important opportunity to turn the rhetoric around integrated care into reality. To be successful, ICSs will need to look beyond the NHS and fully involve local authorities as equal partners as well as involving the voluntary and community sector and others.

Kings Fund, Integrated Care September 2019



▶ Video content

Thank You.

NHS
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SIL 
Your pathway to recovery