

Cultural Change in Bed Management – Case Study



Client

South London Mental Health and Community Partnership, a collaboration of three Provider Trusts, South West London and St. George's Mental Health Trust, South London and the Maudsley NHS Foundation Trust and Oxleas NHS Foundation Trust. These Trusts provide a wide range of Mental Health Services across South London, from highly specialist national services to community services in each of the 12 boroughs in South London. Two of the Trusts provide specialist Mental Health Inpatient Services for Children and Young people; South West London and St. George's, and South London and Maudsley.

Although the partnership had been established for 18 months, those involved in Children and Young People Mental Health Services hadn't been an active part of the partnership and so for many partnership working was very new. Indeed, for the past decade NHS commissioning structures had created strong competitive forces between the organisations.

Challenge

In October 2017 following a successful bid to become a wave two New Models of Care pilot, the Partnership took responsibility for most of the Specialist Mental Health Commissioning Budget for Children and Young people in South London. An annual budget of around £16m.

In the baseline data, around 65% of hospital stays were outside South London, many placements being many miles from home (average 73 miles). Placements many miles from home impact heavily on Young People and their Families. Working with clinicians within the partnership it was clear that many Children and Young People were admitted to inpatient placements as suitable alternatives weren't available, despite knowing that the inpatient environment may not be the best for many. Too many Children and Young People were being admitted to inpatient placements and they often stayed for too long, especially when these placements were outside South London.

The Partnership business case focused on up front investment in key community services and the development of alternatives to inpatient stays, modelling a commissioning budget surplus in the second year of the initiative. Another key part of the case was to enhance bed management across the Partnership, so that Children and Young People in inpatient services both inside and outside the partnership inpatient units could be monitored and managed effectively. However, in the two Trusts with inpatient beds there were starkly different approaches to bed management, one with a dedicated function, the other with an approach that was integrated with Adult services bed management. Operational processes were very different with strengths and weaknesses in each. To meet the partnership objective there was a need to develop new processes to aid the monitoring and effective management of South London Children and Young people in distant Inpatient placements, something that hadn't previously been a priority.

The ambitions from the New Models of Care work was for a more aligned bed management approach so there was a need to progress detailed work quickly

Cultural Change in Bed Management – Case Study

Approach

The first stage was to understand the current situation, gathering key people from each of the organisations in the partnership and the local NHS England case managers. The initial workshop focused on introductions and a 'show and tell' session, where the different organisations outlined their own ways of working.

After this the group met regularly and although progress felt slow, this was a really important period, the vision was being developed and reinforced, relationships were being forged, hurdles were raised and solutions to many developed. At an early stage the aim of developing a virtual function was developed, presented and approved at Programme Board.

Through communicating this vision to key stakeholders, the group were improving their understanding and successfully presented a coherent approach and vision to a range of people, including Ward Managers from the partnership's own units. This phase was by no means straightforward, negative comments were happening in the background, and passive and active challenges were made in the group, however with the help of an independent coordinator these normal responses to change slowly dissipated. Indeed the coordinator often pushed the group hard to make decisions or take action, sometimes this meant that decisions had to be revisited or changed later.

In the middle of this exploration phase was the development of a new set of processes for the new virtual function. Using Skore software with its clear 'nudge strategy' to ensure important questions are surfaced to drive the development of processes. Sometimes using Post-it notes and sometimes using the Skore software directly, the group grappled with the questions, nudged by the software; What's the activity?, Why is it needed?, who is responsible, accountable, consulted and informed? Although challenging and answers didn't come easy, this approach led to a set of highly valuable discussions and a set of processes that everyone owned, agreed and could be used as the basis for a costed proposal for the bed management function, which then went forward to be approved at Programme Board.

It was during the process mapping discussions that there was a shift from the initially proposed virtual function to a single bed management function for the partnership. This emerged as the most effective way to deliver bed management and so a shift in thinking was made and the group moved on. Had discussions about organizational form been dominant at an early stage, it is unlikely that much progress could have been made, however from the understanding built from discussions and the improving relationships, the revised organizational form became the logical choice and was accepted much more easily.

At the time we hadn't realised just how important these discussions were, they felt like a struggle and that we weren't making much progress.

At time of writing, the agreed function and processes haven't been implemented, yet the impact has been significant.

What happened?

Although six months into the New Models of Care pilot, very little increased community capacity and few bed management process changes had been implemented, however

Cultural Change in Bed Management – Case Study

progress had been made, something had changed significantly. The relationships, the culture in bed management and the biases within the existing ways of working were now working to ensure that when South London Children and Young People needed an inpatient placement, bed management would do their best to make sure that this was in South London.

Sometimes this meant holding beds for South London Young People that would have previously been filled by Children and Young people from outside South London. There were a number of occasions when a suitable inpatient bed wasn't available locally, and to ensure that a South London Young Person was able to remain local, innovation solutions were found through collaboration within the partnership to ensure that it could. Overall after the first 9 months of the New Models of Care operation:

- Hospital stays outside South London dropped by 75% against the baseline year (2016/17). Well beyond expectations.
- Across the four partnership inpatient wards, total capacity used by South London Children and Young People had increased from 52% to 90%, an increase of 38%.
- Although there were a complex array of dynamics, bed management was one dynamic that led to a reduction in Inpatient demand and an underspend against baseline budget of around 12%.

There were other factors that both helped and challenged these outcomes, however the biggest clear change has been recognised as the shift in culture of the bed management functions, driven by desirable outcomes for Children and Young People, closer working and relationships across partnership organisations and a joint understanding of the desired processes for the future single function. It wasn't plain sailing, there were many tensions and for numerous people the pace around the single function development has been painfully slow. Although much has been achieved already, the creation of the single function should aid another step change beyond that achieved already.

This case study demonstrates the importance of a set of key conditions that aid change in complex situations. It demonstrates the importance of culture, the effect of working at Board, middle management and frontline simultaneously, the power of a strong desirable vision, the impact of an independent coordinator, importance of relationships, and the effectiveness of co-production in process development.