

Prudent Healthcare in Practice: Five Mental Health Case Studies

A lot of people are talking about prudent healthcare at the moment. It's a principle Hafal wholeheartedly supports - and puts into practice. In this brief paper we look at how a 'prudent healthcare' approach can work for mental health services, and provide five illustrative case studies.

In its "Achieving prudent healthcare in NHS Wales" paper (2014) Public Health Wales emphasises that "the main driver behind prudent healthcare in NHS Wales is not saving money, but ensuring the people of Wales receive the best possible care from the available resources". This captures what prudent healthcare should be about: it should promote services which are as *effective* as possible at getting patients well - and as *efficient* as possible in achieving this. There is a need to look at the human cost and the financial cost when developing services. And the good news is that those costs are not inversely proportionate: recovery-focused services with an emphasis on co-production mean better outcomes for patients *and* a reduction in financial cost.

Promoting recovery is the underlying principle of the prudent healthcare in a mental health context. Recovery-focused services promote a better quality of life for our service users, and the result is a more effective *and* efficient service. An ethos of recovery and aspiration - as opposed to one of stability - means that people are supported to progress and move

on instead of being maintained in their current condition. Recovery means long-term savings, stability means ongoing cost - both in human and financial terms.

In practice a model of prudent healthcare for mental health services should focus on two principles:

- First, that resources should be targeted efficiently on moving those patients receiving higher-end (and more expensive) services down into lower-level support services, as this will have the greatest impact in terms of improving people's lives - and additionally in reducing the cost of their care and treatment
- Second, that services should provide the earliest possible intervention: you can't *prevent* illnesses such as schizophrenia and bipolar disorder which require high-level care, but by *treating them at the earliest possible point* you can greatly improve outcomes for patients - and drastically reduce care and treatment costs.

One of the key means to achieving prudent healthcare in the mental health context is the Care and Treatment Plan - a holistic plan prescribed by the Mental Health (Wales) Measure for all secondary mental health service users in Wales.

The Public Health Wales paper points out that: "Health services are rarely commissioned on the basis of delivering outcomes valued by patients. Instead, many health services are

CARE AND TREATMENT PLAN

Gall y cynllun hon ceil ei gwbhau yn y Gymraeg neu yn y Saesneg, neu yn rhanol yn y Gymraeg ac yn rhanol yn Saesneg.
This plan may be completed in either the Welsh or the English language, or partly in Welsh and partly in English.

Mental Health (Wales) Measure 2010 Section 18 - Care and Treatment Plan
This care and treatment plan has been created under section 18 of the Mental Health (Wales) Measure 2010.

This is the care and treatment plan of _____

who lives at: _____

The care coordinator who has prepared this care and treatment plan is _____

who can be contacted at: _____

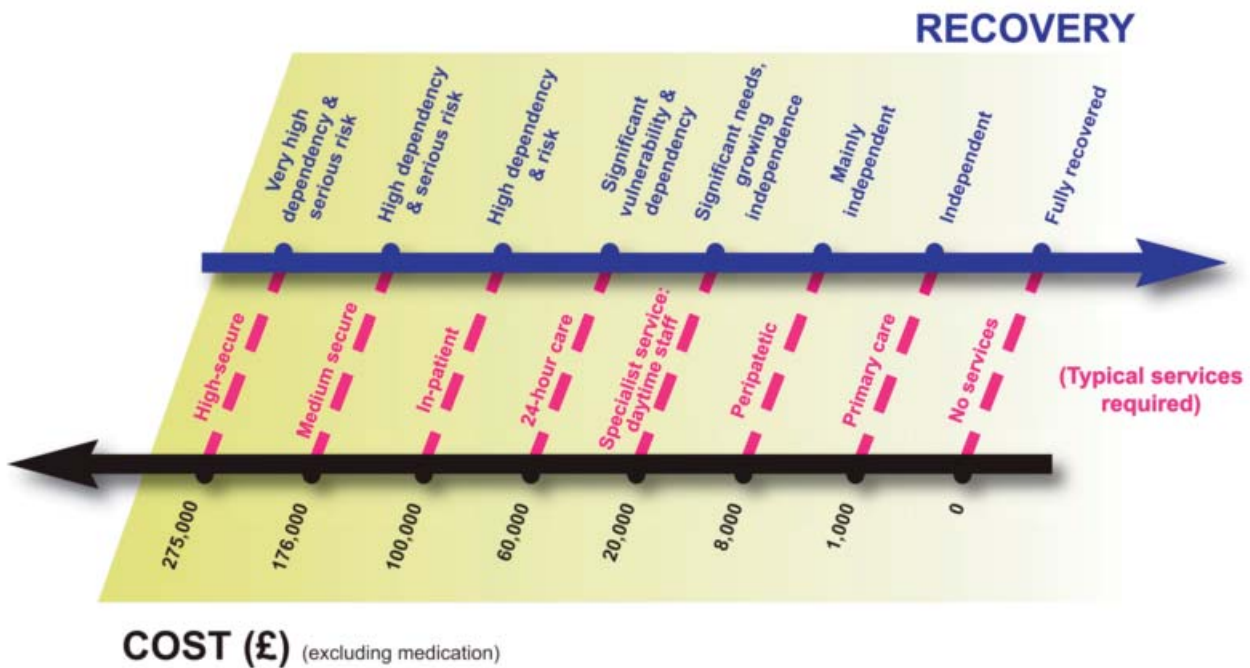
The care coordinator has been appointed by, and is acting on behalf of, _____

This plan was made on _____ and is to be reviewed no later than _____

However, his or her carer(s), or adult placement carer(s), may request a review of this care plan at any time.

arranged around the services and structures they already have, rather than the needs of those receiving healthcare." By involving a person in the process of planning their care and treatment - and by identifying outcomes for that person in all areas of life - the Care and Treatment Plan offers an opportunity to counter this tendency in health services, and to provide a more patient-focused service.

Furthermore, one of the key principles of prudent healthcare is the promotion of equity between the people who provide and use services. The emphasis is on co-production, and there is an identified need for the people using NHS Wales "to work with clinicians to set personal goals and expectations of treatment, taking responsibility for their own health and recognising their contribution to the principles of prudent healthcare." The Care and Treatment Plan is the ideal vehicle for this. It promotes a partnership between the people who use and provide services - and empowers patients to set goals for their health as they complete their Plan with their care coordinator.



Most importantly, the Care and Treatment Plan promotes recovery: it engages people in planning their care and treatment and works as a goal-setting tool which plots a way towards better health. Through agreeing with individual users the short-term, practical steps towards long-term goals, the Plan empowers people to move along the pathway of high-dependency and into lower levels of support and ultimately (for many) independence with low levels of support from primary care.

Hafal has worked with a number of NHS and local authority partner commissioners around Wales and developed the “**Recovery/Cost Pathway**” analysis of service costs. This analysis is illustrated in the diagram above, with approximate costings included.

Hafal’s Members know from experience that good quality Care and Treatment Plans mean:-

- The majority of users at *Medium* and *In-patient* secure level could move faster down to *24-hour*

care level and below (a saving of £60-125,000+ per person per annum)

- Most patients at *24-hour care* level can move much more quickly than traditionally down through *Specialist service: daytime staff* level to *Peripatetic* level (a saving of £43-57,000+ per person per annum)
- Users at *Peripatetic* level can be prevented from relapsing and entering higher-level care
- Many more users overall could reach *Primary care* level rather than remain stuck at high levels
- The *No services* level (full recovery), already achieved by many people who have experienced schizophrenia for example, can be a goal for many more users.

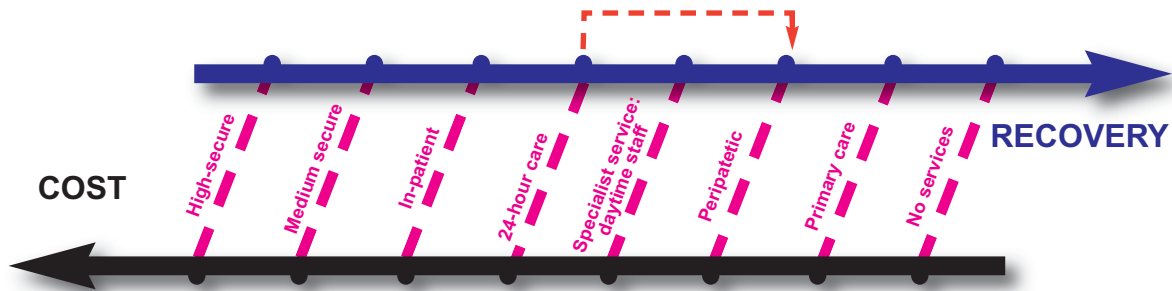
In recent years Hafal has been particularly successful in supporting clients to move from needing 24-hour care (at a cost of approximately £65,000 per annum) to needing peripatetic care (at a cost of around £8,000) -

and needless to say, the benefits for patients in terms of achieving a better quality of life have been huge. Specifically we have extensive experience of bringing people in high-cost private sector care back to local third sector service provision and have found that this more therapeutic, recovery-focused service leads to move-on to lower-level and lower-cost care – and improved outcomes for the client.

On the following pages we provide five case studies to illustrate how promoting recovery achieves great outcomes for the client – and results in significant cost savings.

Case Studies

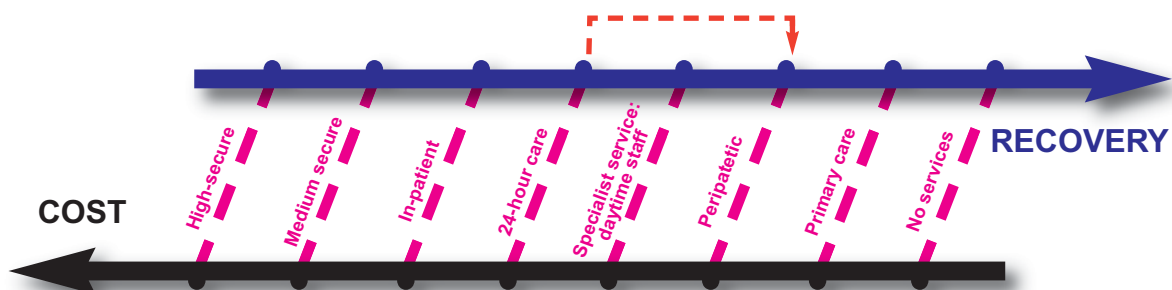
1 Following a period in hospital, **David** from Llanelli moved into a low-support flat - but within six months he showed signs of relapse. To avoid another period of hospitalisation, David accessed Hafal's local housing support service. David's care coordinator thought that David would spend his life in a care home needing high-level support. However, at Hafal David engaged in our Recovery Programme and began to plan for recovery. In his Care and Treatment Plan David identified key accommodation, finances and employment goals. Hafal's recovery service supported David to take steps to control of his finances by making a budget and repaying his debts; to access psychological therapies; to find volunteering opportunities, and overcome his alcohol/drug problems. After eight months David had made so much progress that the care coordinator backed his application for independent accommodation. After one year at Hafal David moved into his own flat. He is now living independently with weekly floating support.



COST SAVING ANALYSIS (based here on the difference between long-term mental health care home and 6 hours per week floating support)

Annualised costs:	
Care home: (£650pw)	£33,891
Floating Support (£15ph)	- £ 4,693
Annual Saving	£29,198

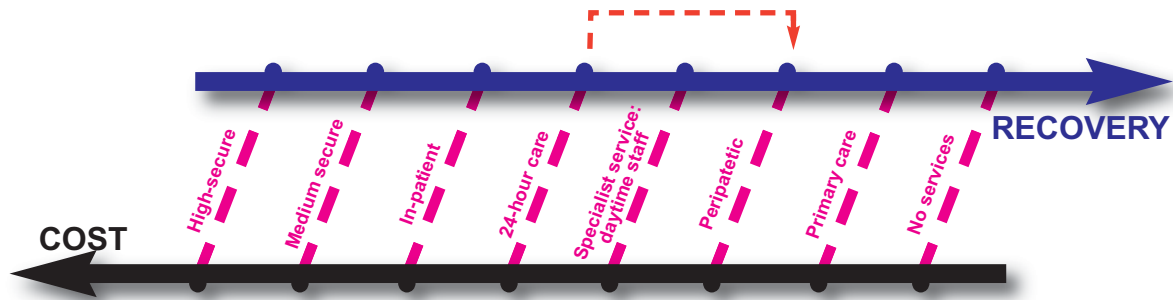
2 **Joe** from Wrexham lived in supported accommodation for 12 years (provided by another agency) and led a very regimented life with little independence or control. When Joe accessed Hafal's Community Link service he became engaged in new activities. He completed Agored training, became a volunteer with Motiv8 (an initiative which promotes physical and mental health), and joined mental health focus groups and a music group. With his confidence growing, Joe set himself a recovery goal of living independently. This led him to access Hafal's Wrexham Outreach Tenancy Support (WOTS) service. Joe is now living independently with the support of WOTS. His confidence has grown considerably and he is fully engaged with his community. He has become the Motiv8 Community Treasurer, joined a community choir, completed cookery and confidence courses, and been involved in the development of mental health courses with Glyndwr University. He now plans to do a Health and Social Care course at Coleg Cambria.



COST SAVING ANALYSIS (based here on the difference between long-term mental health housing service and 7.5 hours support per week floating support)

Annualised costs:	
Housing support: (£390pw)	£20,335
Floating Support (£15ph)	- £ 5,866
Annual Saving	£14,469

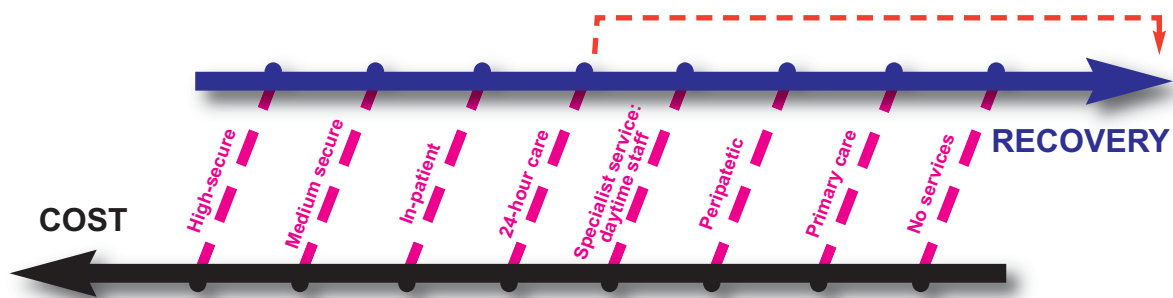
3 Kelly, 39, from Rhondda Cynon Taf had served almost 16 years in prison throughout her life; her offences included assault, Assault Occasioning Actual Bodily Harm, and wounding. 18 years earlier her daughter had been removed from her by social services due to her chaotic lifestyle; her next violent offence would result in an Indeterminate Prison Sentence or Imprisonment for Public Protection which could potentially mean a sentence of at least ten years. Although she had experienced mental illness throughout her adulthood, no definitive diagnosis was given. Kelly was referred into Hafal's Criminal Justice Link Service by her probation officer as a last resort. Upon engaging with Hafal, Kelly's immediate needs were addressed and she registered with a GP, claimed benefits, was prescribed medication and gained an emergency appointment with the crisis team; she was now diagnosed with Borderline Personality Disorder. By taking part in Hafal's Recovery Programme Kelly was able to self manage and take a lead in planning her care and treatment. Kelly now has a Community Psychiatric Nurse and a comprehensive care and treatment package. She has maintained her own tenancy for the last three years and now has her daughter back in her life.



COST SAVING ANALYSIS (based here on the difference between long-term imprisonment and peripatetic support)

Annualised costs:	
Price of specialist support per annum	£60,000
Housing support 10 hrs/wk @ £15/hr	- £ 7,800
Annual Saving	£52,200

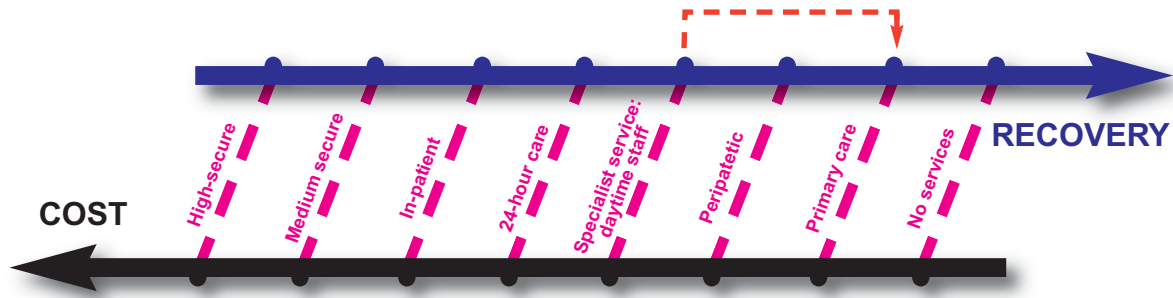
4 Cath from Aberystwyth was diagnosed with schizophrenia and spent two years in hospital from the age of 24; she then lived at home with her mother and was long-term unemployed. From 1996 to 2001 Cath was a tenant at Hafal's Ystwyth supported accommodation project which enabled her to move into her own flat and become more independent. By taking part in Hafal's Recovery Programme Cath was able to set recovery goals and return to university to get a degree. Cath was also supported to take part in voluntary work and she became Chair of the local Project Advisory Group. When Cath moved on from the service she achieved one of her main recovery goals: to enter employment, becoming a Hafal Support Worker. Cath is now a Hafal Practice Leader managing a high-needs supported accommodation service.



COST SAVING ANALYSIS (based here on the difference between long term mental health housing service and 7.5 hours support per week floating support)

Annualised costs:	
Housing support: (£540pw)	£28,156
NOW A NET CONTRIBUTOR IN TAX	
Annual Saving	£28,156

5 Lee was working as a Registered Mental Health Nurse when he became seriously unwell and received a diagnosis of bipolar disorder. When Lee lost his job he felt he had "lost my life: my home, my friends, my reason to live". He felt he was lacking in support and distanced himself from his family. He was left with a "crippling lack of confidence". However, Lee took up his psychologist's suggestion and contacted Hafal Blaenau Gwent. He took part in Hafal's Recovery Programme and set himself goals in key life areas. This intervention at a relatively early stage supported Lee to take positive steps towards independence and recovery and to avoid the need for higher-level services. Lee has just completed his second year at university with straight As (he has already secured a place on a Masters course) and has also applied to complete Hafal's induction for volunteers with a long-term view of returning to work. Lee is looking positively to the future and feels that Hafal has instilled in him "the genuine realisation that I am actually a worthwhile, legitimate person."



COST SAVING ANALYSIS (based here on the cost which could have been incurred had Lee not taken positive steps towards recovery with the support of Hafal's Recovery Programme)

Annualised costs:

Cost of specialist support for 3 months

£32,500

No support but volunteering

Annual Saving

£32,500

(Although this shows a move from low level to lower level services, by providing a intervention early on in a person's illness the real saving is in **preventing** the need for higher-level, higher-cost services)

Total savings

Total cost savings on these five case studies per annum: £156,523

These five case studies demonstrate how a recovery approach supports people to make considerable improvements to their mental health, and their lives. By taking control of their future, adopting a holistic approach to recovery and identifying goals in a step-by-step plan, patients can take huge strides in becoming more independent. In the process, significant cost savings are achieved. The recovery approach - which is first and foremost about improving people's quality of life - also leads to a more efficient service which is patient-focused, positive and prudent.

Hafal

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