

Bath & North East Somerset Council

MEETING:	Wellbeing Policy Development and Scrutiny Panel	
MEETING DATE:	October 7th 2011	AGENDA ITEM NUMBER
TITLE:	Specialist Mental Health Service re-design	
WARD:	ALL	
AN OPEN PUBLIC ITEM		
List of attachments to this report: Appendix 1a – Care Home and Community Hospital Liaison plan and engagement Appendix 1b – Impact Assessment Appendix 2 – Primary Care Liaison Appendix 3 - Recovery and Intensive services Appendix 4 – Model of High Dependency In-Patient services		

1 THE ISSUE

- 1.1 This paper sets out a single plan for modernisation of specialist mental health services in Bath and North East Somerset i.e. those provided by The Avon & Wiltshire Mental Health NHS Trust.
- 1.2 It covers a 3-5-year strategic approach to the transformation of services, setting out the policy and commissioning context, the vision for service development and detail of planned service changes.

2 RECOMMENDATION

The Wellbeing Policy Development and Scrutiny Panel is asked to agree that:

- 2.1 Implementation of a Care Home and Community Hospital Liaison service can progress, reinvesting resource currently attached to Ward 4, St Martin's Hospital.
- 2.2 Plans for the implementation of the Adult of Working Age services redesign are in line with local and national strategic intentions.
- 2.3 Agree the provision of mental health acute assessment and treatment services takes place in acute in-patient wards and Psychiatric Intensive Care Units rather than High Dependency Units.

3 FINANCIAL IMPLICATIONS

3.1 The redesign of specialist mental health services is taking place within the context of needing to deliver value for money NHS funded services that enable savings to be realised through improved pathways of care – The Quality, Innovation, Productivity and Prevention scheme. It is also impacted upon by the re-design of community social care services. There are, however, no direct financial implications for the council from these proposals.

3.2 It is recognised that in the current NHS financial environment service aspirations will need to be delivered with no overall increase in the recurring investment in mental health services. Service changes should be planned to maximised efficiency and improve experience, be cost neutral, or predicated on an ‘invest to save’ basis where time-limited funding is provided to bridge the transition to a new service model. The savings and reinvestments across the three areas are described below:

3.3 Summary of new investments, by year

Scheme	2011-12	2012-13	2013-14	Total Recurrent
Strengthen Intensive Delivery Services (formerly crisis teams)	40	40	0	80
Care Home and Community Hospital Liaison	42	42	0	84
Total	82	82	0	164

3.4 Split of savings by QIPP and Reinvestments, by year (£000's).

	2011-12	2012-13	2013-14	Total
~ QIPP	679	448	860	1987
~ reinvestment	82	82	0	164
~ risk share PICU/OOA	233	-	(233)	0
~ Savings Over/(under)	271	(63)	(291)	(83)
Total identified savings	1265	467	336	2068

4 THE REPORT

4.1 **The following commissioning principles and priorities**, as articulated in the B&NES Joint Mental Health Commissioning Strategy 2008-2012, have guided the development of local mental health services and informed the shape of the Avon and Wiltshire's Mental Health Partnership Trust's strategic plans in B&NES. They are:

- High quality, safe, effective services that work in partnership with GPs and other health and social care professionals: where the interests of B&NES residents comes first and foremost.
- Services are ageless and rapidly accessible. There is genuine health and social care join up.
- They are accessed increasingly through a single point of access that is primary care and community focussed. As such, early intervention and engagement is a routine hallmark.

- Where appropriate, treatment and brief interventions will also be provided in the community, not hospitals. This supports the existing range of home treatment, outreach and liaison services.
- Where hospital services are provided they are to operate to national best practise standards.
- Specific service aspirations envisaged by NHS B&NES are specialist services for those with ADHD, Aspergers and eating disorders (all in primary care settings) and the development of a 'Step Down' in-patient service for those currently placed out of area.

4.2 **The aims for the current service improvement plan** are that the people of B&NES will have:

- Access to specialist MH services in their local GP practices
- Rapid, highly specialist single assessments
- Treatment according to need: crisis intensive support for those in acute need; brief intervention in the community; or seamless transfer to a range of more specialist, longer term services, including in-patient where necessary.

These services will be:

- Demonstrably accessible, high quality, safe and effective.
- Recovery and re-enablement focussed
- Delivered as close to people's homes as possible
- Ageless – but appropriate to need
- Wherever possible, working with carers and the individuals who provide a wider network of support to people with mental health difficulties.

4.3 **Summary of current provision and proposed changes**

4.3.1 The current service provision consists of:

Community Services

- 1 adult Crisis Service
- 1 adult Assertive Outreach Service
- 1 adult Early intervention service
- 2 adult CMHTs
- 1 older adult CMHT
- Acute hospital liaison at RUH
- OP liaison/in-reach to care homes and Community Hospitals

In-patient Services

- 23 acute mental health beds (Sycamore, at Hill View Lodge)
- 6 high dependency beds (Cherries, Hill View Lodge)
- 1.6 Psychiatric Intensive Care Unit beds (PICU) based in our specialist units in Bristol
- 5 Rehab beds at Whittucks Road
- 20 older adult beds for dementia at St Martin's Hospital.

4.3.2 The current provision is in place following previous modernisation programmes. Work to modernise and redesign the Adult Community and Inpatient services took place between 2004 and 2007 and saw the implementation of Assertive Outreach teams, Early Intervention teams and Crisis Resolution and Home Treatment teams with the with the eventual reduction in 2007 of adult inpatient beds. A significant amount of work has since been undertaken between the PCT and Trust in 2008/09 to modernise older adult services. This resulted in a strengthening of community, liaison and home treatment services for older adults and a concomitant transfer of services from in-patient settings to the community. Ward 2 was closed, reducing beds from 37 to 20.

4.3.3 **Work to further modernise adult and specialised services to create a portfolio of Services for B&NES has been under development using the guiding principles set out above.**

These service developments include:

- Comprehensive **in-reach service in care homes and community hospitals** – providing assessment and on-going treatment and care for older adults with mental health problems in residential settings (see Appendix 1a and associated Impact Assessment Appendix 1b)
- Comprehensive **primary care liaison services** – providing expert advice to GPs on management of patients; as well as specialist (and sometimes joint e.g. IAPT) assessment and allocation to either brief intervention or structured treatment services for those with secondary care and complex needs (see Appendix 2).
- Enhanced community services – **Intensive Services** for those in acute crisis and **Recovery Services** – care planning and review for those with longer term treatment needs (see Appendix 3).
- Strengthened **A&E and Ward Based Liaison in RUH** – all age assessment and referral services in A&E and treatment services for people on acute wards to manage mental health difficulties and reduce potential delayed transfers of care.
- An expanded **Early Intervention Team** – designed to engage with young adults in a range of community settings and manage emerging psychoses.

4.3.4 In the current financial climate, commissioners and AWP are fully signed up to making these changes either cost-neutrally (through redesign of services and efficiencies) or through re-patterning of services (e.g. changing the service model from one reliant solely on in-patient services to more community models). In all cases, the question of service quality (safety, effectiveness and the evidence-base) and levels of access has primacy. Therefore, it is through changes to the following services that we wish to release money for re-investment:

- **Further reduction of 8 older adult dementia beds (2012-13)**
B&NES is not using more than 59% of its commissioned capacity on Ward 4. It is therefore more efficient to reduce the staffing and ward size down to match levels of demand observed over the past 18 months (see Appendix 1a and 1b)
- **Re-provision of the six High Dependency (HDU) beds into the acute ward (2011-12)**
The HDU model of care has been recognised by both commissioners and the Trust as sub-optimal. There has been no national evidence-base for this model, providing as it did an intermediate step between acute and PICU that was hard to define. Commissioners have therefore been working with AWP for some time to discuss how to best provide high quality acute in-patient services according to best practice and evidence (Appendix 4).

During this period there has been some significant structural damage to the unit leaving it unsuitable for service users and service users requiring inpatient treatment have either been cared for within an acute admission ward, Sycamore, or within a Psychiatric Intensive Care Unit (PICU) according to individual needs.

We have noted that during this time, there has been no additional demand for external (to AWP) PICU places and bed occupancy has remained within national standard rates (for the last year in fact). With the enhanced staffing level and skills on the acute ward from the staff previously working on the HDU and more fully supported crisis services it is envisaged that all in-patient need can be managed within the existing local acute beds and 1.6 PICU beds. (This will be subject to ongoing review regarding PICU capacity.)

5 RISK MANAGEMENT

5.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

6 EQUALITIES

6.1 A corporate equalities impact assessment has not been completed for the whole of the programme because the service delivery is not altered, rather it is the structural arrangements for the delivery of health services that have been improved.

6.2 However, as part of the NHS engagement and impact assessment processes for re-investment of older adult in-patient beds into the community, the equalities impact was assessed by both staff and stakeholder groups. The only potential adverse impact was related to some people, who are not B&NES residents, being delayed discharges from Ward 4 beds and the effect that can have on them and the resultant local NHS treatment and Assessment bed availability for B&NES clients.

6.3 The potential adverse impact from delayed discharges is mitigated by:

- AWP developing a primary care liaison model that will be involved much earlier in the care pathway processes across all area's and avoid out of area admissions wherever possible thereby improving the patient experience.
- AWP Care Home liaison service will work with providers to increase their confidence in dealing with changes in care needs at home rather than through admission.
- If out of area admissions for assessment do occur then AWP will implement their return to area policy as soon as possible.
- The mental health commissioners liaising with other surrounding local authority commissioners to explain our community centred model and the latest developments in order for them to plan their pathways and improve, where necessary, their discharge processes.
- The NHS 6 PCT/AWP Modernisation Board will discuss all NHS service changes and QIPP initiatives, including B&NES, and monitor the implementation effects so that front line staff can manage their caseloads, care pathways and capacity differently on an informed basis. (In some cases this will mean implementing a model similar to the one that has been successful in B&NES.)

7 CONSULTATION

7.1 Trades Unions; Overview & Scrutiny Panel; Staff; Other B&NES Services; Service Users; Local Residents; Community Interest Groups; Stakeholders/Partners; Section 151 Finance Officer; Chief Executive; Monitoring Officer

7.2 There has been engagement with AWP staff over the last 6 months through newsletters and meetings this includes engagement with the integrated team. Redesign proposals for adult community services is commissioner led and representation from service users via an AWP wide Modernisation Board is provided via B&NES joint funded Service User Reference Group. Development plans have been presented to the Professional Executive Committee of the PCT and the Mental Health Modernisation Project Board and associated pathway group. The Mental Health Provider Forum and Voluntary Sector Network are also aware of the proposals.

7.3 An engagement event took place regarding the reduction in older adult beds and the shift of resource into new community services with both staff and stakeholders. The feedback from these events was very positive.

7.4 Further meetings are planned with the GP Forum Plus (October 19th 2011), Voluntary Sector Mental Health Network (November 3rd) in addition to the ongoing meetings and engagement above. In addition there will be a 3-month formal staff consultation for the service redesign, delivered by AWP.

8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 Social Inclusion; Customer Focus; Sustainability; Human Resources; Health & Safety; Impact on Staff

9 ADVICE SOUGHT

9.1 The Council's Monitoring Officer (Council Solicitor), Head of Paid Service, Strategic Director and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

Contact person	Andrea Morland, Associate Director Mental Health and Substance Misuse Commissioning 01225 831513
Background papers	<p><i>Equity & Excellence: Liberating the NHS (DH 2010)</i>, sets out ambitions to make primary care the nexus of health care planning, commissioning and delivery, with acute/secondary care services restricted for those with the most severe conditions. Care close to home is emphasised, as is a focus on clinical outcomes and the patient experience.</p> <p><i>The Transforming Community Services (DH 2010)</i> program states that Community services are changing to provide better health outcomes for patients, families and communities and to become more efficient; by providing modern, personalised, and responsive care of a consistently high quality that is accessible to all.</p> <p><i>No Health without Mental Health (Royal College of Psychiatrists & Academy of Medical Royal Colleges 2009)</i> The report recommends that Primary Care Practitioners become more skilled in the identification of symptoms, especially depression, anxiety and cognitive impairment in people with chronic physical illnesses; adding that Primary Care Developments need to include the timely availability of specialist mental health advice & support.</p> <p><i>Age Consultation 2011 (Equality Act 2010: Ending age discrimination in services, public functions and associations)</i>. This means that any age-based practices by the NHS and social care would need to be objectively justified, if challenged.</p> <p><i>Bath and North East Somerset Joint Mental Health Commissioning Strategy 2008-2012</i></p>
Please contact the report author if you need to access this report in an	

alternative format