Appendix 1b

# REPORT TO THE WELLBEING POLICY DEVELOPMENT AND SCRUTINY COMMITTEE AT BATH AND NORTH EAST SOMERSET COUNCIL

## PROPOSED CHANGES TO: Ward 4 bed base, St Martin's Hospital

**Prepared by:**

- Andrea Morland, Associate Director Mental Health and Substance Misuse, B&NES Joint Commissioning Team
- Julie Warner, Operational Services Manager, Liaison & Later Life SBU, Avon and Wiltshire Mental Health Partnership Trust.
- Alison Griffin, Head of Engagement and Responsiveness, Avon and Wiltshire Mental Health Partnership Trust

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**DECISIONS REQUESTED**

The PDS is requested to determine whether the proposed service change outlined in this paper constitutes a substantial variation or development*. (N.B. a substantial variation is a proposed major change in healthcare provision.)*

## PART ONE – Description of proposed service changes

### 1. The current service

Currently in B&NES we have 20 beds provided on Ward 4 at St Martin's Hospital for people with dementia.

We have community mental health teams, an intensive support service and a therapies team. These teams were developed and strengthened using investment from closing what were then underutilised beds in 2008 – the bed base reduced at this point from 40 to 20 beds which reflected actual use.

During the following 2 years we have seen bed usage for B&NES clients at St Martin's fall even further as the teams have become embedded and admissions have been avoided.

### 1a. Admission rates on Ward 4 2010/11

During 2010/11 B&NES patients accounted for 3630 of the 6205 available bed days on Ward 4. This is 59%. This equates to 12 beds.

To date during 2011/12 the **total** admission rate on Ward was 76%. This includes 17% of patients from *outside* B&NES. Therefore B&NES admission rate is at 59%.

**B&NES use of out-of-area beds.**
Analysis of activity shows that there were only fifteen admissions of B&NES patients to beds in other parts of AWP during 2010/11.

Eleven of these admissions were in respect of older people with functional mental health problems who would not have been admitted to Ward 4.

In 2010/11 four B&NES dementia patients were admitted to other dementia units in AWP. Three of these patents were admitted elsewhere because Ward 4 was closed to admissions due to D & V. All these patients were transferred to Ward 4 when it reopened. One patient was admitted to a Bristol bed at Callington Road because there was no female bed available on ward 4. This patient was discharged after a few days before transfer to Ward 4 could be arranged.

**2. What are the proposed service changes**

We would like to repeat the process we carried out in 2009 and develop new community services with the money released from the under-utilised beds. We can use the money released from the beds to develop a care home and community hospital liaison service in the community to support and train staff in those facilities to provide the best care.

We would also like to improve the ward environment on ward 4 – which releasing space taken up by the beds would help us achieve.

There would be no change in location of services or the way in which the services are accessed.

**2a. Care Home Liaison**

The developments within the B&NES Community and the move towards sheltered housing and supporting people in their own homes to maintain independence means that staff in care homes are working with clients with increasingly complex mental health needs.

The team would serve to carry out prioritised assessment, deliver consultation and advice, facilitate case discussions, disseminate information at carer/relative groups and deliver educational programmes that support staff to meet the mental health needs of the residents in their care. This would enable care homes to feel more confident at managing complex service users with support, and would therefore prevent placement breakdown and re-admission back to hospital, or on to a different placement – often at much higher cost

**‘**A “Dementia Quality Mark” for care homes is being developed and piloted in the South West and B&NES is doing well in engaging local care homes in the initiative. This CHLS model would go some considerable way in further supporting this move.

The key priorities in mainstream services are to change attitudes and improve skills in detection and assessment of mental illness, and equip staff with guidance on initial management and referral pathways to appropriate other services. By educating and empowering staff, the Care Home Liaison Service has a significant role in addressing these points, and makes an important contribution to the provision of quality care for older people with mental health needs.

**2b. Community Hospital Liaison**

NHS B&NES would also like to increase the community hospital liaison capacity working alongside the Acute Hospital Liaison Nurse at the RUH. This is vital to enable people to return home or to ongoing support accommodation

**3. Why are these changes being proposed?**

- In order to improve the experience of people with dementia living in residential homes and thereby improve the outcomes for people living in care homes.
- To improve the skills and confidence of staff working in care homes.
- To reduce admission to hospital or moves to nursing home provision from residential.
- To fulfil the aims of the B&NES Commissioning strategies to enable B&NES older citizens to stay in their homes and receive local services.
- To address any inequity that exists for older people with dementia by training staff to identify and treat dementia without it meaning a move of residence.
- To make best use of the financial and staff resources by releasing some of the money for re-investment into effective service development and provision. 50% of the savings approximately will go into the main NHS savings schemes in order to meet these national savings targets and to be available for investment in other aspects mental healthcare.
- A risk is that with an unexpected peak in demand the bed base would not be big enough and we would have to use out of area assessment and treatment facilities

## 4. Rationale - There are other options that could be explored in relation to the over capacity in the bed base

- **Keep the bed base at 20 beds**

This would keep finances tied up in a bed base which is currently not being used by the population of B&NES, and which data shows is consistently under used and therefore does not present a good value for money option. This option would facilitate other out of area clients access to beds

- **Take all the savings into the PCT central NHS savings schemes**

This would not meet the quality, improvement and productivity requirements in B&NES to support the care home sector and meet our strategic aims outlined above for older adults with mental health problems. Without supporting care homes, there is a risk that there would be a further reliance on in-patient services which would not be in the best interest of the service users.

**Invest the money in the liaison service in the RUH**

NHS B&NES have already invested significantly in liaison services in the RUH and investment is being sought from other service areas to enhance the current resource.

We therefore believe this would not be the most appropriate area for investing these resources.

## 5. Summary of involvement outcomes

As confirmed in Part 2 and 3, the outcomes of involvement is that the proposal to repeat our successful approach from 2009 and reinvest money released from under-utilised bed base in community services is welcomed

## 6. Timescales

Once agreement has been reached regarding the reduction of beds on Ward 4 from 20 to 12, the team will plan the reduction with careful consideration to all the service users to ensure that all service users are able to complete their in-patient assessment in a full, consistent and appropriate way, with beds being reduced one by one as they become vacant. This will be planned between the in-patient and community team to ensure that nobody is displaced through this process. We would also need to take into consideration the group of people currently occupying the beds who are non B&NES people. Again we would need to ensure that whilst we did not displace these people & create a problem with their assessment process, we would also need to ensure engagement with their 'home' team to enable return as soon as possible (this may mean transfer to another in-patient unit or return to the community setting)
We would expect to be able to complete this process within 8 weeks.

## 7. Additional information

Commissioners are currently working on specifications for a primary care liaison services for all adults with mental health problems in B&NES and a strengthened all age crisis response service which will provide additional support in the community for adults of all ages.

In addition the commissioner for long term conditions is working with colleagues to further development the liaison service that works into the RUH – which has been very successful in B&NES but would benefit from increased capacity if possible.

We are also in discussions around the possibility of formalising the arrangements for GP support into care homes in the area which would further support the liaison model and provide holistic joined up services.

## 8. Does the NHS consider this proposal to be a substantial variation or development?

No – there is no reduction in service in relation to the bed base but a releasing of monies for reinvestment into service development that meets both strategic, patient and operational aspirations.

## PART TWO – Patients, carers and public representative views – summary of the potential impact of proposed service changes

*Patients, carers and public representatives are asked to comment on the following areas, in relation to the proposed service changes detailed in Section 2:*

| | |
|---|---|
| Benefits of the proposed service changes | **Ward 4**<br>More therapeutic space, opportunity to change environment if less beds on ward. Only B&NES population using the beds. Change of practice would reduce number of admissions and allows more care in the community.<br>**Care home liaison**<br>Reduced numbers of service users coming back to hospital from care homes if more support is in the care home.<br>More stability for the service user.<br>More cost effective.<br>Help care homes know criteria for admission – less service users coming back to St Martins.<br>More person centred.<br>Improve quality of care.<br>**Community Hospital Liaison**<br>Physical and mental health catered for – whole person approach.<br>Opportunity to talk to a person not an automated call.<br>More time to get to know patients and their families. |
| Any disbenefits, including how you think these could be managed | Length of stay - for care homes needs to be agreed.<br>Reduction of resources on ward will need to be managed.<br>Supervision – small team. |
| Any issues for patients/carers/families in accessing the new service particularly if a change of location has been suggested | No changes to location. Should make access to a hospital bed when needed much easier. |
| How do you think the proposed changes will affect the quality of the service | Shouldn't change the quality of the service. More therapeutic space. More resources to tap into care home liaison. AWP staff available to train staff in care homes. Speedier referral and assessment. |
| Impact of the proposed changes | Need to protect the remaining beds |

| | |
|---|---|
| on health inequalities | for B&NES residents. If all patients are B&NES patients this will provide a more accurate reflection of care provided and improve communication. |
| Any other comments | Care liaison – could carers self refer? |
| If you are a representative of an organisation, such as LINKs, please indicate how you have drawn on the views of others from your group | Meetings and discussions. Sharing information. |

## PART THREE – Impacts at a glance

| **Impacts** | ***NHS View*** | ***Patient/carer/public representatives' view*** |
|---|---|---|
| Impact on patients | ● = positive impact | ● = positive impact |
| Impact on carers | ● = positive impact | ● = positive impact |
| Impact on health inequalities | ● = negative impact for some | ● = negative impact for some |
| Impact on local health community | ● = positive impact | ● = positive impact |

● = significant negative impact
● = negative impact for some
● = positive impact

## GLOSSARY

*- list definitions of any technical terms, acronyms etc*