

Bath & North East Somerset Council		
MEETING:	Wellbeing Policy Development and Scrutiny Panel	
MEETING DATE:	January 27th 2011	AGENDA ITEM NUMBER
TITLE:	Specialist Mental Health Service re-design – High Dependency Unit	
WARD:	ALL	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Appendix 1a – Impact Assessment form		
Appendix 2 – Report on HDU closure for stakeholders		

1 THE ISSUE

- 1.1 This paper describes the results of the impact assessment on the proposal to not re-open the High Dependency Unit beds on Hillview.

2 RECOMMENDATION

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

- 2.1 The provision of mental health acute assessment and treatment services takes place in the acute in-patient ward and Psychiatric Intensive Care Units rather than The Cherries High Dependency Unit and that the six High Dependency unit beds on The Cherries are permanently closed to that function.

3. FINANCIAL IMPLICATIONS

- 3.1 The savings and reinvestments from the entire AWP Mental Health Re-design schemes were described and accepted in the previous Mental Health Redesign paper. The savings that will be realised from this change are related to the reduced use of agency staff.

4. THE REPORT

To meet our strategic aim of delivering high quality, community services supported by in-patient beds that are delivered to national standards and benchmarks, an impact assessment has been completed on re-provision of the High Dependency Unit beds into the acute ward and Psychiatric Intensive Care beds and the impact of not using the beds for this purpose.

It takes place in the context of:

- the type of care being delivered in the HDU beds not being compliant with national models or standards,
- the unit being unable to be used for at least 9 months due to significant structural damage,
- no change in access to services and no experience of service users receiving Psychiatric Intensive Care services from other organisations.
- improved efficiency and throughput on the main ward aided by increased staffing and skill set and a more fully developed crisis and home treatment team in the community enabling people to remain in their homes wherever possible.
- Further enhancement of community services during 2012-13

5. THE IMPACT ASSESSMENT

The impact assessment and its results are attached at Appendix 1.

No negative impacts were assessed against this change.

Clear mitigating actions have been agreed in order to manage any possible effects for some clients (amber scores) – see paper.

6. RISK MANAGEMENT

A risk assessment related to the issue has taken place within the impact assessment and mitigating action identified.

7. EQUALITIES

As part of the NHS engagement and impact assessment processes for the closure of the HDU beds the equalities impact was assessed by both staff and stakeholder groups. There were no adverse impacts identified. There are potential positive improvements relating to gender and disability for people needing Psychiatric Intensive Care.

The current layout of Sycamore does not lend itself to always being able to de-escalate a situation quickly by removing someone to another area to calm down. This can be problematic and frightening for some older adults who are the ward at the time.

As described in Appendix 1, this will be mitigated by:

- AWP developing a de-escalation suite on Hillview – the process has begun for establishing this facility.

8. CONSULTATION

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

There has been engagement with AWP staff over the last 6 months through newsletters and meetings this includes engagement with the integrated team. In

addition the ward holds monthly Acute Care Forum meetings to which stakeholders as well as staff are invited and where issues of concern and improvement can be discussed.

9. ISSUES TO CONSIDER IN REACHING THE DECISION

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

10. ADVICE SOUGHT

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.

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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.</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>
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