

REPORT TO THE WELLBEING POLICY DEVELOPMENT AND SCRUTINY COMMITTEE AT Bath and North East Somerset COUNCIL

PROPOSED CHANGES TO: Cherries HDU , Hillview Lodge

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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

The current adult of working age services:

- 1 Crisis and home treatment service
- 1 Assertive Outreach Service
- 1 Early intervention service
- 2 CMHTs
- Hospital liaison at RUH
- 23 acute mental health beds (Sycamore) including 3 for Later Life
- 6 high dependency beds (Cherries), temporarily closed
- 1.6 Psychiatric Intensive Care Unit beds (PICU) based in our specialist units - Callington Road, Brislington is the main site for B&NES clients.
- 5 Rehab beds at Whittucks Road, Hanham.

2 . What are the proposed service changes

The proposed service change is to permanently close the 6 bed HDU provision at Hillview Lodge. This change will affect Bath and North East Somerset.

3. Why are these changes being proposed?

The B&NES Commissioning Strategy for Mental Health, in line with modern mental health care practice, is based on the premise that care for serious mental illness is best delivered to people in their own homes, with medical and other care staff working in multidisciplinary teams in community settings. Admission to hospital is a part of the system of care, rather than its core.

The HDU AT Hillview Lodge was set up as a small unit with a high staffing level aimed at rapid turnover of patients too unwell to be easily managed on an open acute ward but not fully meeting the criteria for a psychiatric intensive care unit (PICU).

However, in practice, most of the HDUs, including The Cherries, have been used as PICUs, providing care in a locked facility for periods of time without the environmental (floor space of unit etc) or therapeutic standards being applied to the facilities. The therapeutic environment is often poor due to the limited size of the units (this has been the case at Hillview Lodge) and individual therapy input is also compromised due to the needs of the general ward as a priority. Additionally economies of scale indicate that the small size of the units do not offer a value for money service.

In addition The Cherries has been temporarily closed for a period of time following it becoming unsuitable through physical damage.

4. Rationale

We considered we had three options open to us:

- **Option 1**
Maintain the Cherries at 6 beds – however due to considerable physical damage to the unit there would need to be a significant investment in refurbishing the unit. This would also keep money tied up in a bed base which is currently demonstrated as not adhering to a national governance provision of care as well as not being required.
- **Option 2**
Permanently close the Cherries and use the savings to purchase more PICU beds. There is no indication in activity figures that more PICU provision is currently required
- **Option 3**
Permanently close The Cherries for it's current purpose and use the money released from the beds to invest in the acute in-patient service, community services to help people stay at home and mental health service redesign as well as contribute to the NHS Quality, Innovation, Productivity and Prevention (QIPP) savings programme.

In the above context we would like to take advantage of improved bed management/efficiency opportunities and enable care to be delivered in more appropriate, (and in the case of PICU, compliant to national standards) locations i.e. home, acute in-patient unit and PICU. Services to people who

may previously have received a service in an HDU will be provided either on an acute ward or a PICU ward according to clinical need.

We would therefore wish to do Option 3 and it was this we completed an impact assessment on.

5. Summary of involvement outcomes

In addition to the monthly Acute Care Forum that takes place at Hillview Lodge, which staff and voluntary sector partners attend to discuss issues relating to Hillview Lodge (including The Cherries), AWP and NHS B&NES held two engagement sessions with local stakeholders. The first one focused on a presentation and evolved into a frank and open information sharing and feedback session. The second one was arranged to complete an impact assessment. In between these two meetings further information was provided to stakeholders, answering questions that had been raised – paper attached.

In addition, an impact assessment session was held with the staff from the unit including the psychiatrist which helped inform the NHS view.

The outcome of the involvement sessions revealed that there was broad agreement that the proposals would not have a negative impact upon the majority of the client base, would affect some people negatively in some aspects (HDU admissions 14% of total in 2010-11) and would offer no change or an improvement in service for many. One stakeholder believed that the bed closures represented a significant negative impact on three areas of consideration – see below – but this view was not shared by staff or other stakeholders.

There were clear mitigating actions that needed to be implemented in order to assure ongoing quality of services:

- a) **Re-furbish part of the Cherries to provide a de-escalation area** for service users who become very distressed and agitated so that they can be managed safely on the unit. This is especially pertinent for the older adult clients who need to feel secure if the younger clients become disturbed (Raised by staff, see amber on health inequalities on NHS impact assessment). ***This is in progress and is seen as urgent.***
- b) **Ensure access to the approved PICU beds** is maintained across the Trust and that the risks of out-of area PICU placements for B&NES clients are minimised. (B&NES have used minimal PICU beds in 2010-11 and has not used out of area provision to date in 2011-12.) Active performance management by senior AWP staff and commissioner. ***In place and ongoing.***
- c) **Continue the enhanced acute care provision in Hillview.** This includes a programme of development/training and supervision (already underway) to enhance the staff skill-set to manage risk and high expressed emotion in a proactive manner using highly developed engagement skills. Due to

critical damage being caused to B&NES HDU this is ***already in place on the acute in-patient unit.***

- d) **Continued provision of an upgraded inpatient unit model** to include more integration with other aspects of the service and with enhanced therapeutic delivery as part of the service redesign. This will improve the quality of the in-patient episode. ***Already started and will continue.***
- e) **Ensure active risk and quality management and monitoring** to understand and act on service user experience and outcomes as well as be assured that all aspects of medical, nursing and therapeutic care delivery (including the use of medication) are robustly monitored and measured. ***In place and ongoing locally and via the NHS contract.***

6. Timescales

Once agreement has been reached regarding the closure of Cherries HDU, the team will plan the permanent closure. As there are no service users currently using the service there will be no impact upon existing service users or their families.

7. Additional information

In the current financial year there has been no external (external to AWP) usage of PICU beds despite the temporary non availability of the Cherries. There is provision for Banes of 1.6 PICU beds for both males and females and this has been accessed according to need.

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 rather improved efficiency and 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	<ul style="list-style-type: none">• Increase in staff numbers +20% on Sycamore• More interaction with staff• Increase in opportunities for service users to engage• More Occupational Therapists staff available / no split of provision• PICU has its own dedicated
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	<p>therapists</p> <ul style="list-style-type: none"> • Increased training for staff with associated supervision – supervision rates improving – with associated improvement in skill set of staff on sycamore • Increase in local community services – crisis services and early intervention + more planned primary care liaison • The needs of each individual will be better addressed using a recovery focused approach.
Any disbenefits, including how you think these could be managed	<ul style="list-style-type: none"> • Wider range of acuity – <i>national trend</i>. This can be challenging for staff – training being implemented and individual staff needs will be supported. • Potentially more people will go to a PICU and this will be outside of B&NES. <i>Monitor numbers and assess if HDU would have been used.</i> • Some people liked the small environment of PICU especially when they were agitated. <i>Therefore essential to progress de-escalation unit.</i>
Any issues for patients/carers/families in accessing the new service particularly if a change of location has been suggested	<ul style="list-style-type: none"> • No change in location of PICU or acute beds suggested so access to services unchanged. • It was acknowledged that for some people based in Bath the main PICU being in Brislington can cause travelling problems. More so if in Salisbury • In general information needs to be good for families about the process.
How do you think the proposed changes will affect the quality of the service	<ul style="list-style-type: none"> • Carer feedback via carers lead was that the HDU was oppressive (so change may improve experience). • Improvement in skill set of staff on sycamore • Increased number of staff +20% • Developments with some psychiatry (medics + drugs) will

	<p>support improvement –</p> <ul style="list-style-type: none"> • More use of drugs? • Evidence that there is no escalation in violence and aggression so not impacting on negatively • It was mixed sex and small environment – PICU is neither of these. • Quality has increased immensely over the past few years
Impact of the proposed changes on health inequalities	<p>This was felt to be generally positive or no effect. It was noted that there is 20% less bed capacity overall.</p> <ul style="list-style-type: none"> • More access to care in the community. • PICU have better facilities/ environment • Pregnant women go to Elizabeth Casson House which is a specialist female PICU. • Rates of admission for young people are very low for 16 to 18 year olds. Discuss with oxford healthcare (for younger people). • Faiths individually focused so no effect. • Gender- it will improve situation for people needing PICU because its single sex accommodation - HDU was mixed. • Staff considered that the de-escalation area was very important because without this some older adults could become frightened when younger adults were very agitated. Therefore they, as group, rated health inequalities as amber. Mitigating action prioritised.
Any other comments	
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	<p>LINKs were involved in both the first stakeholder engagement session in October and the impact assessment meeting.</p> <p>LINKs have fed back that they felt the impact assessment had been very successful and the information</p>

	provided was clear and helpful.
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PART THREE – Impacts at a glance

Impacts	NHS Staff View	Patient/carer/public representatives' view
Impact on patients		1 x red; 3x orange; 3x green
Impact on carers		1x red; 3x amber; 3x green
Impact on health inequalities		3x amber; 4x green
Impact on local health community		1x red; 2 x amber; 4 x green

-  = significant negative impact
-  = negative impact for some
-  = positive impact

GLOSSARY

- list definitions of any technical terms, acronyms etc