

<b>Bath &amp; North East Somerset Council</b>		
MEETING:	Health and Wellbeing Select Committee	
MEETING DATE:	29 July 2015	<b>AGENDA ITEM NUMBER</b>
TITLE:	<b>Specialist Mental Health Services – inpatient redesign impact assessment and update</b>	
WARD:	ALL	
<b>AN OPEN PUBLIC ITEM</b>		
<b>List of attachments to this report:</b>		
Appendix 1: AWP B&NES inpatient re-provision briefing		

## **1 THE ISSUE**

- 1.1 This paper presents an update on the planned B&NES inpatient re-provision at Hillview Lodge, which includes the transfer of the Ward 4 dementia inpatient services from St Martin's Hospital to the Royal United Hospital site into a new build specialist mental health unit.
- 1.2 In particular it includes an update on the principles underpinning the plans to re-provide in-patient services on an interim basis during a rebuild at Hillview Lodge.

## **2 RECOMMENDATION**

**The Health and Wellbeing Select Committee is asked to note:**

- 2.1 The progress of the planning process as it relates to the business cases, and what has been done since the last report to the Wellbeing Policy Development & Scrutiny (PDS) Panel in January 2015.
- 2.2 The intended approach to the interim re-provision of beds (decant plan).

**The Health and Wellbeing Select Committee is asked to agree that:**

- 2.3 The proposals around the decant plan, in so far as they have been established, are in line with the wider panel expectations. The process to crystallise the decant plan involving stakeholders and the B&NES CCG is adequate to enable continued proposal development for a new build mental health and dementia unit on the RUH site.

### **3 FINANCIAL IMPLICATIONS**

The report indicates that the “core commissioner requirement” of a direct replacement of the existing 35 beds at Ward 4 and Sycamore and community services, by three 12 bed wards of total 36 beds, comes within the existing financial envelope of £5.6m.

The preferred option was to build three wards of 15 beds each (total 45 beds). This was considered to be a more economic ward model and one which would allow for future growth.

Activity indications from 2014/15 are that B&NES has used more than its commissioned in-patient capacity. This has resulted in some use of out of area facilities at a higher cost than we would pay for local beds. In addition to this over-usage and in line with the demographic pressures outlined in the Joint Strategic Needs Assessment, we are investigating whether we may need to commission (when the unit opens) a further 5 out of the additional 9 inpatient beds, so that the additional usage as identified in 2014/15 can be placed in area. The marginal costs of building and staffing additional beds in the unit is significantly less than external bed prices or fully absorbed internal bed costs. The preferred option would lead to a relatively low unit bed cost and result in savings to the health community.

The remaining 4 beds would be used initially by AWP to relieve the inpatient pressure across the other CCG areas.

### **4 THE REPORT**

#### **4.1 Specialist Acute In-Patient Mental Health services**

The report summarises the paper that went in January 2015 to the PDS Panel. It highlighted the urgent need for a re-provision of inpatient services in B&NES in order to address quality deficits in the local mental health and dementia ward environments as well as the effect of demographic pressure.

The quality concerns were described by patients, staff and CQC and resulted in a CQC warning notice being issued to Sycamore Ward and concerns expressed about the suitability of Ward 4 for long term care. Whilst remedial work has taken place which has resulted in the warning notices being lifted and CQC being satisfied with the quality of care being provided, they have still noted that pace is needed to address the environmental limitations of our in-patient facilities in order to ensure high quality environments for future services.

#### **4.2 Review of longer term acute mental health in-patient provision**

The report summarises the B&NES inpatient review that had taken place, which indicated a future growth over ten years of inpatient demand especially dementia beds. Commissioners decided to engage with the local community for their views on an option of establishing a mental health unit that combined specialist acute mental health and dementia assessment and treatment wards. Our aim was to “future proof”

capacity and provision to ensure we deliver high quality, skilled in-patient care to both our functionally ill and dementia patients.

We widened our view to consider whether it was physically possible to co-locate the dementia beds and some community services into one building and what capacity may be needed to ensure this facility could support future demand.

***The AWP B&NES inpatient re-provision at Appendix 1 describes the preferred option and current thinking.***

#### **4.3 Local community engagement and impact assessment**

The report also summarises the local engagement and impact assessment of the proposed move of older people's services from Ward 4 at St Martin's Hospital that was done prior to the last report to the PDS Panel in January 2015. There was a substantial amount of engagement by AWP between April and December 2014 working with the local community and clinicians to shape our thinking in order to be sure that any decisions taken were in line with clinical and stakeholder thinking. This has particularly concerned the move of Ward 4 from St Martin's onto the RUH site into a specialist mental health unit as this is a geographical shift of service.

Engagement has been with the following:

- Mental Health Project Board (29/04/14)
- B&NES CCG senior leadership team (29/05/14).
- Dementia Care pathway Group (26/06/14)
- Mental Health and Wellbeing Forum (01/07/14)
- Your Health, Your Voice (04/09/14)
- Healthwatch public meeting (11/11/14)
- Health watch Survey (December 2014)

***The results of the engagement were shown to the PDS Panel in January 2015.***

#### **4.4 Additional services in the new unit**

The report mentions the possibility of adding an additional four bed observation suite and a section 136 suite. The option of an observation suite has yet to be discussed with the RUH on how to staff the unit and whether they would want this in principle or not. The option of a section 136 suite will need to be considered in the light of plans to create a more permanent multi-bed suite in the Bristol Bath areas. A decision on these two options will be taken by the project board prior to the Outline Business Case being submitted to the Trust Development Agency (TDA).

#### **4.5 Overall project progress**

The project is well under way, but there is still much to do before a build can start. AWP have appointed a cost advisor and have signed up to the Procure 21+ NHS approved process. This process has been used successfully by the RUH in its recent developments. It relies upon the use of approved contractors with a much more slimmed down accreditation process. It also contains a maximum price guarantee. The next steps are the choice of contractors and the submission of

detailed plans for planning permission. The timings proposed in the Strategic Outline Case (SOC) to the TDA is a completion for December 2016. This represents a tight timescale and this could easily run into 2017.

#### **4.6 Interim reprovision of beds during rebuild - Decant Plan**

The preferred option of a rebuild on the existing Hillview Lodge site means that there has to be a good decant plan. The building phase, including demolition of the existing site, has been estimated as lasting 18 months. The report summarises the approach to the decant plan. A separate project has now been set up to explore options over the next three weeks. A short list of options will be taken forward by the project manager who has now been appointed, and this process will include engagement with stakeholders, staff, service users and CCG/Council Commissioners.

### **5 RISK MANAGEMENT**

**5.1** The strategic risks associated with in-patient service redesign are being managed as part of the whole AWP project. There are identified risks which are to do with the following broad areas, which have been identified in the latest Strategic Outline Case and will be included in a decant plan. Mitigating actions are in place and the plan is being actively monitored by the Project Board

- Footprint risks – does the existing land provide enough space to for the intended unit.
- Planning risks – will the planned building obtain planning permission from the local Council.
- Programme and timing risk – will the project come in on the planned timing constraints.
- The affordability and staffing risk – Will the costs be as planned and can the staff needed be recruited.
- Model of care risk – there is a risk that the models of care will change over the years and parts of the new unit will be unsuitable for the new models.
- Decant risks – there is a risks around the decant plan and how this impacts on the service users and carers and staff.

### **6 EQUALITIES**

**6.1** Equality impact assessments relating to the options for in-patient redesign were included as part of the engagement and impact assessment processes. Full equalities impact assessments will be completed by AWP as part of the implementation processes. Equalities will be taken into account in the separate decant options appraisal and plans.

## 7 CONSULTATION

- 7.1 All mental health community service developments are taking place in conjunction with the Mental Health Wellbeing Forum, service users and carers.
- 7.2 Engagement has taken place with HealthWatch, Your Health, Your Voice (CCG participation group) stakeholders, clinicians, staff, service users and carers in line with public duty requirements to involve the community under Section S244 of the NHS Act 2006.

## 8 ISSUES TO CONSIDER IN REACHING THE DECISION

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

## 9 ADVICE SOUGHT

- 9.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report. The Strategic Director and Director have had the opportunity to input to this report and have cleared it for publication.

<b>Contact person</b>	Andrea Morland, Senior Commissioning Manager, Mental Health and Substance Misuse Commissioning 01225 831513
<b>Background papers</b>	<p><i>Equity &amp; 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>Bath and North East Somerset Joint Mental Health Commissioning Strategy 2008-2012 (currently under review for 2013-18)</i></p>
<b>Please contact the report author if you need to access this report in an alternative format</b>	