

**B&NES Health and Wellbeing Select  
Committee briefing  
B&NES Inpatient re-provision  
July 2015 - Update**

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Avon and Wiltshire Mental Health Partnership NHS Trust					
<b>Project Name:</b>		<b>B&amp;NES Inpatient re-provision</b>			
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<b>Version</b>	<b>Date</b>	<b>Comments</b>	<b>Composed</b>	<b>Authorised</b>	<b>Status</b>
1.0	10.7.2015	Initial draft for comment	R Beath		Draft
2.0	13.7.2015	Second draft to A Morland	R Beath		Draft

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## 1. INTRODUCTION AND BACKGROUND

### 1.1. *Purpose of this briefing paper*

The purpose of this paper is to brief the B&NES Health and Wellbeing Select Committee on the progress of plans for the re-provision of inpatient services in B&NES.

### 1.2. *History and background*

Inpatient services in B&NES consist of:

- Hillview Lodge (in the grounds of the RUH and built in 1995) Sycamore ward with 20 adult acute beds and 3 older adult functional beds.
- Ward 4 at St Martin's Hospital which has 12 beds for older adult dementia patients.

**Recent Care Quality Commission recommendations.** Given the new models of care being implemented across all localities and in particular the emphasis on recovery and movement of patients more quickly into appropriate community settings, it has been of concern to AWP managers and the CCG that the layout and general standard of the remaining Sycamore services were not up to the desired level. There was also concern that Ward 4 – which is not a specialist dementia facility – would not be a good enough facility for modern dementia in-patient assessment and treatment.

This was reinforced to the Trust following a Care Quality Commission (CQC) inspection in August 2014, which picked up on environmental issues at Sycamore ward. At the same time CQC also highlighted concerns regarding Ward 4 and some of the challenges about working in a non-specialist environment. Whilst these concerns were varied the most serious of them concerned anti-ligature facilities, the provision of single sex accommodation and the general ability of the environment to reduce people's level of distress. As a consequence considerable work has taken place – especially on Sycamore ward and including reducing their beds from 23 to 15, due to safety concerns – and CQC were satisfied with the facilities on re-inspection on the understanding that longer term rebuild for Hillview Lodge was implemented.

**Ward 4 at St Martin's.** In the days when Bath Mental Health Trust was based at St Martin's Hospital, there were three Mental Health wards on site, for people with "organic" conditions e.g. dementia. Since 2008, in consultation with local stakeholders, these wards have been closed and all the money reinvested in community services for people with dementia, supported by Ward 4 dementia inpatient service (still at St Martins). It has been recognised for some time by AWP and commissioners that the ward does not have the environmental characteristics which professionals would now consider essential. For instance, a recommendation from the engagement processes in

2008 was that if future ward changes were considered that a move to a unit on the RH site with other mental health services should be explored.

Co-location with other Mental Health services was seen as providing economies of scale and a common use of some of the clinical staff across services. It would also be possible for patient flow to be better between adult and older people's services. This approach is strongly supported *currently* by stakeholders and staff.

**Mental Health Strategies and Inpatient Review.** BaNES CCG recently commissioned a capacity and flow modelling report for community and inpatient services and how the patient flows interact and travel through the care pathways and services. The evaluation was based on what was termed "fails" which were times when there was a demand for one type of service, but not the capacity to deal with that person in the prescribed timescale. Eight scenarios of service change were modelled and the number of "fails" recalculated. The review indicated an increased need for inpatient beds in the next ten years.

**Emerging plans for the re-provision and general redesign of services.** The Mental Health Strategies results confirmed the view that service models needed to be changed. The related community services have been modified as a result of the review and in November 2013 AWP agreed at the Investment and Planning Group to engage with the local community and staff to re-provide inpatient services both from St Martins and from Hillview.

### **1.3. *Future demand and demography***

The Office of National Statistics (ONS) projects that the population of B&NES will increase by 12%, to 198,800, by 2026. This increase is expected to mainly be in older age groups; in particular the 80+ population is projected to increase by 40% from 9,900 in 2010 to 13,900 in 2026.

It is important to note that the resident population quoted above increases by 16,000 when we include all the people registered with a GP in B&NES requiring health services (whether or not they reside inside the B&NES county boundary). The GP registered population in 2010 was circa 192,000.

We can expect then that demand for services particularly for older adults with all types of mental health problems will increase. Indeed, AWP in line with all services nationally, has seen an increase on demand for beds.

#### **1.4. The case for change**

The case for change is therefore centred around the increasing need to replace the not-fit-for-purpose buildings, with a facility which will enhance the new models of care and benefit the whole of the area. The whole unit will house both older people and adults, and this will aid the cross over between these two main groups of patients and allow complex needs to be dealt with in a much easier way, with facilities being adjacent to the RUH and acute services

#### **1.5. Project board**

The formal project board, which was set up by AWP in December 2014 with Iain Tulley (the Chief Executive) as chair, has continued to take this project forward. The project board includes as members Andrea Morland (Joint Commissioner for the Local Authority and CCG) and Sarah James (Director of Finance – CCG). A more dedicated project manager from Capita with estates experience has since been appointed.

#### **1.6. B&NES Council Wellbeing Policy Development and Scrutiny Panel – January 2015**

The B&NES Council Wellbeing Policy Development Scrutiny Panel met on the 16<sup>th</sup> January 2015. For this meeting a strategic outline case (SOC) prepared jointly by AWP and B&NES CCG was submitted. An impact assessment was also submitted and considered, which involved stakeholders. In the SOC all the various main options for re-provision were noted. The panel accepted the options that were being considered by AWP. The engagement which fed into the impact assessment was with the following groups:

- 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)

### **1.7. Options appraisal and strategic outline business case**

Extensive investigation and discussions with partners has gone on to complete an options appraisal, which was presented to the project board on 2<sup>nd</sup> February 2015. The project board recommended the preferred option, which is shown below. A strategic outline case (SOC) has been drafted and sent to the Trust Development Agency (TDA) on the 9<sup>th</sup> July 2015. The SOC outlines the preferred option as follows:

- To build a new 45 bed three ward unit on the existing Hillview site using NHS capital for the sum of around £14.5m (excluding VAT). The choice of three 15 bed wards as opposed to three 12 bed wards, was made because, not only is a 15 bed ward considered to be a more economic unit, but also the additional 9 beds will allow growth into the future in line with the inpatient review over a ten year period.
- The site will include a seclusion suite, administrative and community team space, and some common rooms for the alcohol service. Some of the building would be at second storey level. The unit could also include a four bed observation suite and a section 136 suite.

### **1.8. Current project progress**

The project board have agreed to use the Procure 21+ system for the building of the new premises. This is the same process as has been used successfully by the RUH in its recent developments and can help with reduced costs and reduced time. The choice of contractor is going on at the moment and the contenders are all approved by the Procure 21+ process. A cost advisor has been appointed.

## **2. ACTIVITY AND FINANCE**

### **2.1. Core commissioner requirement**

The financial modelling has been built up from what is termed the “core commissioner requirement” and added to by certain services which it was deemed to be beneficial to B&NES overall health community. The core commissioner requirement is for a straight forward replacement of the current level of inpatient beds, which is thirty-five. This can be accomplished by building a three ward unit of 12 beds in each ward (making a total of 36 beds). For the sake of identifying the costs and benefits, the cost to build a 36 bed unit housing only the existing services has been calculated. The costs and benefits of the additional services have then been added on. The additional services being considered are:

- Nine additional beds making the total to be three wards of 15 beds.

- A section 136 suite
- A four bed observation ward

## **2.2. Activity projections and potential savings**

The 2014/15 inpatient activity indicated increased usage by B&NES of in-patient beds to a level over the commissioned capacity. This was dealt with by some beds being used in other AWP areas and other service users going out of area to other hospital facilities. If it was assumed that this level of inpatient usage would continue, then commissioning more internal beds would not only save money but be a better care pathway for the B&NES population. The marginal costs of building and staffing these additional beds are significantly lower than paying external bed prices. This pattern of usage would indicate that a potential further 5 beds could be commissioned from the 9 additional capacity in the new unit.

## **2.3. Revenue affordability**

The revenue financial figures are at this stage in draft and estimate form. The latest estimates have established the following broad principles

- The revenue cost of the “core commissioner requirement” for a new three ward unit with 36 beds, housing the existing services at Hillview and Ward 4 St Martin’s only, comes within the existing financial envelope. The existing financial envelope is £5.6m per year.
- The additional 9 beds would be funded through savings in the additional out of area costs currently being experienced by B&NES and other AWP commissioners. It is proposed that B&NES commission initially an additional 5 inpatient beds.
- The additional 4 bed observation suite and section 136 suite could be added to the build and be dealt with through discussions with the RUH on staffing and utilisation of the section 136 suite funding at Southmead.

## **3. DECANT OPTIONS**

The preferred option, following full engagement with stakeholders and as presented to the previous Panel, is for a rebuild on the existing Hillview site. This relies on having a good plan to re-provide in-patient care for the duration of the build for those patients using Sycamore ward (Please note this does not have any impact upon Ward 4). This section deals with how this will be approached. The estimated time to build from demolition of the existing premises to moving in is 18 months.

A separate and detailed plan for re-providing the in-patient services on an interim basis is currently being prepared. A long list of options has been prepared internally within AWP. A project manager has been employed to work through the options appraisal short options and form plans working with members of B&NES CCG who are on the project board. There are a number of key value assumptions that will be in the forefront of plans. These are:

- The short listed options will be shared and discussed with staff and service users and stakeholders as part of the planning process, before a plan is finalised.
- Patients already in Sycamore ward will be housed as close to their homes and / or support group as possible. This will also be the principle for any new patients from B&NES.
- Capacity in Bristol will be utilised for B&NES patients as much as possible. Capacity outside Bristol to relieve the pressure in Bristol will be considered.
- Staff will be kept and temporarily redeployed to other units close as possible to where they are used to operating.

Dick Beath  
Head of investment and planning  
13 July 2015