

Proposal to develop the model of delivery for High Dependency In-Patient services

1. Purpose of the Report

To describe the potential model of service provision that could be developed by replacing the existing High Dependency Units (HDU) with the appropriate use of Psychiatric Intensive Care Unit (PICU) beds and improved in-patient care management which will provide care to service users within a nationally determined governance framework. This change to practice would bring AWP service into line with nationally determined best practice, and ensures that service users will be treated either on acute wards or on PICU wards according to their clinical need.

2. Background

2.1 Ten years ago the first ever [NHS National Service Framework for mental health](#) was published, setting standards for the way people with mental illnesses should be diagnosed and treated. It led to significant investment in mental health services and a set of nationally prescribed models of care to ensure the best outcomes for people.

Today, expectations are more ambitious and go beyond simply treating mental ill-health. Commissioners and providers of services aim to deliver mental health services which offer real choice to the people who use them, support them in their recovery and enable them to maintain mental well being. Services outside hospital are continuing to develop so that they offer consistent and high quality support close to people's homes, including help to stay at work and to participate fully in their local communities

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.

2.2 Within the old Avon area of AWP there has been a development over the last decade of using High Dependency Units, usually attached to adult acute wards.

There were 30 such beds across 4 of AWP sites in 2010/11 as shown in the table:-

PCT Area	HDU	No of Beds
B&NES	The Cherries, Hillview Lodge	6
Bristol	Lime, Callington Road	4
	Mason, Southmead	8
North Somerset	Juniper, Long Fox Unit	6
South Gloucestershire	Oakwood, Southmead	6
Total		30

These were set up as small units 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 have been used as PICUs, *providing care in a locked facility for extensive periods of time*. 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.

2.3 It is clear that the HDU provision within AWP, not just in B&NES, is a localised model of care with no reference to any nationally set guidance or criteria. Commissioners wish AWP to adhere to nationally agreed models of service delivery as this allows the Trust, commissioners, service users and the regulators to measure their performance against set standards and expected outcomes.

To this effect and as part of the redesign of the acute care pathway, all elements of inpatient services have been scrutinised. In this context it has become clear that AWP need to take advantage of improved bed management opportunities and enable care to be delivered in more appropriate locations (home, acute in-patient unit, PICU).

It is worth noting that the HDU model exists only in the former Avon area. Services in Swindon and Wiltshire have provided well for their service users without HDU provision, in line with the national model.

3. What services will be provided?

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. The following will be considered and/or implemented:

- a) potential increased provision of recognised and approved PICU beds to maintain access to PICU care across services and minimise the risks of out-of area PICU placements. B&NES have used no out of area PICU beds in 2010-11 or to date 2011-12
- b) enhanced acute care provision in existing units. This includes a programme of development already underway to enhance the staff skill-set to manage risk and high expressed emotion in a proactive manner on acute wards using highly developed engagement skills. Due to critical damage being caused to B&NES HDU (The Cherries) this is already in place on the acute in-patient unit.
- c) 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.

In 2010/11 North Somerset and South Gloucestershire approved this service development. In 2011/12 Bristol are supportive of this change and was an element of their paper to the HOSC in July 2011.

4. Expected Benefits

There are a number of service quality benefits from this proposal.

Service users requiring complex and intensive support will have access to environments specifically designed for their needs with appropriately trained staff and access to equitable services.

- All inpatient services provided will meet national criteria and standards and be externally accredited through a process led by the Royal College of Psychiatrists.
- It will allow for investment in a co-ordinated way into PICU services and other services where required such as Crisis Resolution and Intensive Home Treatment teams
- Replacement of the HDUs would improve the financial viability of inpatient units and bring the unit costs in line with national reference costs

5. B&NES development plans – activity to support practice

Start of Period : 01-Sep-2009 **End of Period :** 31-Aug-2010

Ward	Type	Occupied Bed Days	Leave days	OBD + Leave	% leave	No. of beds	Days in Period	Potential Bed Days	% occupancy excluding leave	% occupancy including leave
AOWA Cherries HDU	Adult HDU	2,339	108	2,447	4.4%	6	365	2,190	106.8%	111.7%
AOWA Sycamore	Adult Acute	6,529	1,493	8,022	18.6%	23	365	8,395	77.8%	95.6%

Start of Period : 01-Sep-2010 **End of Period :** 31-Aug-2011

Ward	Type	Occupied Bed Days	Leave days	OBD + Leave	% leave	No. of beds	Days in period	Potential Bed Days	% occupancy excluding leave	% occupancy including leave
AOWA Cherries HDU	Adult HDU	401	21	422	5.0%	6	365	2,190	18.3%	19.3%
AOWA Sycamore	Adult Acute	7,140	947	8,087	11.7%	23	365	8,395	85.1%	96.3%

It can be seen that during the last calendar year September 2010 – August 2011 that despite the High Dependency beds not, in the main, being used (very badly damaged for a long period of this review), the occupancy rates on the ward have

not increased above national benchmark for the acute ward (excluding leave). This in part has been due to much better practice on the use of section 17 leave.

5. Engagement Process

Staff, service users and carers across all the HDUs have already been engaged in a process of discussion about these beds for the past year.

Meetings will continue to be held to enable staff and stakeholders to understand more about the proposal.

AWP understand that this proposal is acceptable to both service users and staff. Service Users from the former Avon area are aware that this model of service does not exist in other parts of the trust or elsewhere in the country and are supportive of this change to practice. However, this has been clarified through a formal process in each area.

Feedback in B&NES is that we need to attend to the need for an extra care area for short periods of time and that the lack of availability of the HDU beds as a facility has not had a detrimental impact on practice.

6. Summary

This change in practice represents an advance in the way the Trust supports one of its most vulnerable cohort of inpatients. It is important that the models of care provided are delivered in line with best practice, and in a way that can be accredited and benchmarked nationally.

The Trust is proposing this service change because it delivers many benefits for users and carers. It:

- would enable the delivery of safer, more effective, quality care
- will improve the care pathway for service users
- is more economically viable for inpatient services, protecting longer term viability and accessibility

On the basis of the experience in B&NES the proposed local developments do not appear to represent a significant change in service (and have not been deemed to be so in any other area within the former Avon area). The Trust continues to provide high quality inpatient services for this very vulnerable client group. Access has not changed but services have been delivered in a more appropriate way.

Next Steps

As:

- the B&NES HDU beds are already out of use
- the cost of repairing the Cherries back to it's HDU shape is potentially quite high and
- there is the potential to reinvest the money into services as part of redesign

we need to discuss options with the Wellbeing Policy Development and Scrutiny Panel as part of Specialist Mental Health Service re-design programme.