

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

28 JANUARY 2014

ACUTE MENTAL HEALTH INPATIENT BED REVIEW UPDATE

Report from: Barbara Peacock, Director of Children and Adults

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Summary

This report sets out the response from West Kent Commissioning Group in respect of the request at the last meeting for regular updates on the position with the acute mental health inpatient beds review.

1. Budget and Policy Framework

- 1.1 Under Chapter 4 – Rules, paragraph 22.2 (c) terms of reference for Health and Adult Social Care Overview and Scrutiny Committee has powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

2. Background

- 2.1. At the last meeting of the Committee considered the acute mental health inpatient beds reconfiguration which was introduced by the Chief Officer of West Kent Commissioning Group and the Chief Executive of Kent and Medway NHS and Social Care Partnership Trust.
- 2.2. Considerable concerns were raised during the meeting and it was agreed that the position with regards to acute beds should be kept under permanent review with a report to each meeting of the Committee until further notice.
- 2.3. Attached, as appendix 1, to this report is the acute service redesign, which is the first update as requested.

3. Risk management

- 3.1. There are no specific risk implications for Medway Council arising directly from this report.

4. Legal and Financial Implications

4.1. There are no legal or financial implications for the Council.

5. Recommendations

5.1. Members are asked to consider and comment on the update.

Background papers:

None.

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ACUTE SERVICE REDESIGN

SUMMARY REPORT

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REVISION HISTORY

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SUMMARY OF REVISIONS

Version	Date	Details of Revision

APPROVALS: This document requires the following approvals. A signed copy should be placed in the Programme files.

Programme Role	Name	Job Title	Signature	Date Approved

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INTRODUCTION

A Project Initiation Document was developed in October 2013 outlining the projects within the Acute Redesign Programme.

Feedback from the consultation, further analysis and discussions has led KMPT to its current proposals for service development. These are:

- Development of three centres of excellence – improved inpatient environments.
- Increased capacity to manage demand.
- Development of alternatives to admission including, crisis houses, support time recovery [STR] investment to crisis resolution home treatment [CRHT] services and, intensive/acute day treatment service.
- Extension of PIC outreach.

These proposals will deliver the following benefits:

Increased alternatives to admission.

Greater skill mix of workforce including the use of people with lived experience and peer support.

Inpatient accommodation which is fit for purpose, meeting requirements for health and safety, privacy and dignity and promotes wellbeing and recovery.

Improved satisfaction.

Robust 24/7 services.

Improved performance.

Reduction in delayed transfer of care / transfer pressures.

Reduction in length of stay.

Decreased incidents of violence and aggression.

Reduction of external placements.

Reduction in staff sickness.

Improved retention and recruitment of staff.

The need to develop a range of services which provide alternative to inpatient care will be essential to the development of quality modern mental health services. Partnership working with a range of organisations and agencies will be core to the delivery of this; such as developing relationships with Medway to ensure a range of high quality services are developed for their residents.

Centres of Excellence

A Centre of Excellence is defined in the consultation as “A service that is delivered to a recognised high (national or world class) standard, in terms of measurable results and

innovation". In addition to performing its own core work effectively, it has an additional role in improving practice and knowledge throughout the rest of the organisation.

The defining features are:

- Well integrated multi disciplinary teams providing improved access that psychology, occupational health.
- Consultant cover seven days per week.
- Improved access to physical health support and interventions.
- Educational focus to drive up skills and quality drawing on best practice.
- Access to recovery resource centres.
- Improved physical environment, including single bedrooms.

There are a number of interdependent projects and enabler schemes which together deliver the Acute Services Redesign Programme. The projects/enabling schemes range from capital investment to develop bed capacity and quality of inpatient environments, to development of alternatives to admission which will provide choice and build capacity within acute care. In addition these projects/enabling schemes will deliver improved relationships with stakeholders, improved quality and will have a positive impact on outcome and satisfaction measures.

A new service will be available in Medway for people with personality disorders in crisis. The crisis care pathway includes intensive community support for up to 15 people for up to three months. Plus a therapeutic crisis house for residents to stay for up to seven nights. This will initially be a five bed facility in Medway.

This report summarises work to date, outlines next steps and proposed future developments.

NEXT STEPS

Project/Scheme	Progress Update	Progress this month	Dependencies
PIC Outreach	None required	Service in situ (Nov 2013) –scheme completed.	<ul style="list-style-type: none"> • none
Birch Ward Upgrade	3-6 month post implementation review to be completed. We would anticipate this review being completed in partnership with Medway CCG, Council, Carers and service users.	Refurbishment completed 09.12.13, Medway ward transfer completed 19.12.13	<ul style="list-style-type: none"> • none
STR Development	None required	Posts are being recruited to. Medway has recruited an additional 4 STR workers bringing the total of STR workers in Medway to 7.5 whole time equivalents. Additional medical capacity in Medway CRHT is planned to provide increased capacity to support people in crisis, locally. This is included in the Business Case for additional capacity in Maidstone to re-provide emerald ward	<ul style="list-style-type: none"> • On going commissioner support
Transport	3-6 month post implementation review to be completed. We would anticipate this review being completed in partnership with Medway CCG, Council, Carers and service users	Transport plan implemented at point of ward transfer from Medway in Dec	<ul style="list-style-type: none"> • none
Street Triage	<ul style="list-style-type: none"> • Evaluation of pilot • Planning undertaken during Jan & Feb 2014 with Kent Police to determine recommendations post pilot. 	Pilot running September 2013 to March 2014.	<ul style="list-style-type: none"> • Commissioner support • Kent Police support • Identification and securing resource to run service post pilot.

	<ul style="list-style-type: none"> • Development of business case re options for future service post April 2014 • Agreement gained re future provision of service • Implementation of agreed option 		
DVH refurbishment	<ul style="list-style-type: none"> • Finalisation of design • Procure providers • Commence decant preparation work • Ward decants to Edmund Feb/March • Refurbishment work commences • Ward moves to refurbished ward July 2014 	Pre implementation - design & tender phase	<ul style="list-style-type: none"> • On going commissioner support in relation to additional capacity created
Additional capacity –existing wards	<ul style="list-style-type: none"> • Agree design and phasing • Develop tender and gain sign off • Authorisation to proceed acquired • Works commence • Additional beds operational June 2014 	Pre implementation – design & tender phase	<ul style="list-style-type: none"> • On going commissioner support in relation to additional capacity created. • Permission from landlords re PFI building at Little Brook Hospital – Dartford.
Additional capacity – new emerald ward/modular build	<ul style="list-style-type: none"> • Develop design • Business case and approach approved • Identify preferred provider • Contractor appointed • Gain planning permission • Finalise design • Installation commences • Unit operational Feb 2015 	Pre implementation: <ul style="list-style-type: none"> • Design phase Dec 2013 – April 2014 • Tender phase commences in May 2014 	<ul style="list-style-type: none"> • Planning permission.

Acute Treatment	Day	<ul style="list-style-type: none"> • Scope models and best practice • Visit leading centres • Develop model • Develop PID and Business case • Secure Resources • Identify base to deliver service from • Develop transport plan • Support to implement gained from Trust and CCGs • Implementation 	Planning phase. Jan – March 2014 Implementation due to commence October 2014..	<ul style="list-style-type: none"> • Identification of suitable estate to deliver service. • Commissioner support • Resources
Crisis/ Recovery Accommodation		<ul style="list-style-type: none"> • Scope models of crisis and recovery accommodation used nationally • Identify potential partners • Explore development of supported accommodation with potential partners • Develop business case • Gain Trust and CCG agreement to implement. 	Planning phase Jan –March 2014	<ul style="list-style-type: none"> • Commissioner support • Support from potential partners • Resources to deliver crisis /recovery accommodation (estate and staffing)
Personality Disorder Pilot	Hostel	<ul style="list-style-type: none"> • Completion of capital works (Feb 2014) • Hostel opens end of Feb 2014 – for up to 5 females (who will be expected to participate in daily crisis pathway) • Crisis pathway moves from Canada House to Park Avenue Feb 2014 	<ul style="list-style-type: none"> • PD Crisis pathway commenced 4 Nov 13 • Early indicators are that service is having a positive impact. • Capital project re refurbishment of Park Avenue has commenced (Dec 13) 	<ul style="list-style-type: none"> • Completion of capital project • KMPT agreement regarding staffing ratios for PD Hostel • Securing recurrent funding post pilot.