NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

17 June 2011

Adult Mental Health and Older Peoples Mental Health Services in Craven

Purpose of Report

1. The purpose of this report is to brief the Committee on proposals for the future provision of Inpatient and Community Older People's Mental Heath (OPMH) services as provided by the Bradford District Care Trust to residents in the Craven area.

Introduction

2. A briefing paper is attached as APPENDIX 1.

3. Representatives of Bradford District Care Trust will be attending the meeting to summarise the issues which the Trust faces in providing OPMH services in the Craven area and to respond to Members' questions/comments.

Recommendation

4. That Members:

   a) Comment on the issues raised in the briefing paper, including whether or not there is any additional information that should be included in a formal consultation document;

   b) Explore the timescale envisaged for the consultation period and agree the Committee's future involvement.

Bryon Hunter
Scrutiny Team Leader

County Hall
Northallerton
03 June 2011

Background Documents: None

You and Your Care

Bradford District NHS Care Trust

Paper Title:	Improved Provision of BDCT AMH and OPMH Inpatient Services
Section:	
Lead Director:	Nicola Lees
Paper Author:	Rob Armstrong / Neil Bryson / Shubhra Singh / Michael Shaw / Mark Thornton
Agenda Item:	

REPORT PURPOSE

As part of pre-consultation discussions, to highlight the issues facing Adult Mental Health (AMH) and Older People's Mental Health (OPMH) in the delivery of inpatient services. To detail the options available to Bradford District Care Trust (BDCT) and its commissioners in providing AMH and OPMH Inpatient Services

To brief Bradford and Airedale GP Commissioning Executive, Bradford Health Overview and Scrutiny committee and North Yorkshire and York Health Overview on the issues prior to a PCT led consultation period.

Summary

This paper highlights the issues facing Bradford District Care Trust (BDCT) in its provision of Inpatient services within Adult Mental Health (AMH) and Older Peoples Mental Health (OPMH). The discussion of issues has led us to develop preliminary proposals which have been discussed with NHS Bradford and Airedale (NHSBA) and NHS North Yorkshire and York (NHS NY&Y) as current commissioners for the services discussed in this paper.

Both commissioners understand the rationale underpinning Trust proposals and requested that the Health Overview and Scrutiny Committees are briefed on the proposals prior to public consultation. . As well as being central to future commissioning decisions, evidence of their support for service changes is one of four key tests outlined by David Nicholson.

AMH services are provided for adults aged between 18 and 65 years of age. OPMH services are provided for adults aged 65 years and above. However, service users under the age of 65 may be treated by older peoples services if their condition requires the skills delivered in OPMH i.e. early onset dementia. Also, service users over 65 may still remain with adult services if their condition does not yet require the specific skills of older people services.

The proposals concern delivery of inpatient care services. Older peoples MH inpatient services cater for the needs of approximately 177 people a year across Bradford, Airedale and North Yorkshire. By contrast, community based service provision accommodates approximately 2,300 people and generates more than 23,645 active contacts per year.

In summary the main issues facing the Trust are:

- The age-less model of care on the acute wards at the Airedale Centre for Mental Health (ACMH) i.e. the practice of admitting older people on to general adult acute wards rather than a dedicated older peoples ward. This practice has been highlighted by the Healthcare Commission, now the Care Quality Commission (CQC), as 'contravening nationally accepted good practice' and should be addressed by the Trust.
- The Trust is significantly underutilising the current older people's bed base occupying an average of 34 out of 71 commissioned beds during 2010/11. This represents a clear opportunity cost, tying up significant financial Trust and Commissioner resource to maintain excess capacity. The Trust needs to review opportunities to deliver best value for money and also finance more robust community based models to support twenty first century care and to deliver financial efficiencies.
- The geographic location of the Psychiatric Intensive Care Unit (PICU), in Airedale. An assessment of bed usage shows 79.5% of PICU admissions are from Bradford based service users. Admission to an ACMH-based facility removes the majority of service users from their locality support networks i.e. carers, family and friends and community mental health support

- The physical size of the unit of the PICU unit restricts the amount of integral therapeutic and visiting areas available on the ward
- The Trust needs to increase investment in services that complement inpatient provision; to support service users in their homes, prevent avoidable re-admissions and minimise the need for acute admissions

The paper proposes a number of options to address these issues and is the product of initial discussions between AMH and OPMH services, as well as discussions with our health commissioners, service users and carers and other relevant stakeholders at this early discussion stage of the process.

This paper will be updated to incorporate the comments and feedback of other stakeholders as the Trust continues its wider engagement process.

BDCT Inpatient Provision - Background Information

Adult Services

In 2009, NHS Bradford & Airedale completed a consultation on BDCT's AMH inpatient services. The agreed outcome of the consultation was the closure of Birchwell ward and approval to move Ward 2 Rehabilitation facility from its location at Daisy Bank onto the Lynfield Mount Hospital (LMH) site. This left a vacant ward at LMH. Details of the consultation can be found on NHSBA's website.

The strategic aim of the consultation was to prioritise the provision of community services, allowing investment in services that provided care closer to home rather than continually investing in inpatient facilities. The success of community services such as the Intensive Home Treatment (IHT) teams has allowed service users to be supported in the community rather than automatically requiring hospital admission.

Currently AMH services provide the following inpatient capacity across two hospital sites and one satellite site.

98 Acute Inpatient beds

The acute inpatient units care for adults who require inpatient admission due to an acute deterioration in their mental health. Individuals admitted to these services are cared for by skilled, qualified and experienced nursing staff, doctors and other professionals.

The inpatient mental health service aims to respond to the needs of individuals and assist them to recover and enhance their wellbeing. People are admitted for many different reasons associated with mental illness when treatment at home cannot be safely managed and clinical assessment indicates that admission is appropriate.

18 Rehabilitation beds

Ward 2 at Daisy Bank offers a specialised rehabilitation service to enhance recovery from acute mental illness. The specialised staff in this service work with individuals

to promote relapse prevention of mental health symptoms and techniques to aid coping skills. There is an emphasis on providing social inclusion and fostering community links from statutory and non-statutory services for the individuals to access during their inpatient stay and when independent living occurs.

8 Psychiatric Intensive Care beds

The Psychiatric Intensive Care Unit (PICU) provides care for Service users who are compulsorily detained and who are in an acutely disturbed phase of a serious mental disorder, usually psychosis. There is an associated loss of capacity for self-control, with a corresponding increase in risk, which prevents their safe, therapeutic management and treatment in a general open acute ward.

The priority of the PICU is to provide an effective, responsive and therapeutically intensive service within the least restrictive environment for the shortest possible time necessary to meet defined clinical and therapeutic needs.

The unit provides a locked, secure and safe environment which seeks to promote a therapeutic, client centred, collaborative approach to treatment.

Lynfield Mount Hospital, Heights Lane, Bradford

Maplebeck Ward	17 bed male acute ward
Oakburn Ward	21 bed male acute ward
Ashbrook Ward	25 bed female acute ward
Birchwell Ward	Vacant 21 bed female acute ward (closed in the 2009 consultation)

Daisy Bank, Duckworth Lane, Bradford

Ward 2	18 bed male & female rehabilitation unit not on LMH site – the 2009 consultation concluded this unit should be situated on the general hospital site at LMH and should reduce to 12 beds

Airedale Centre for Mental Health, Airedale General Hospital site

Fern Ward	16 bed male acute ward
Heather Ward	19 bed female acute ward
Clover Ward	8 bed Psychiatric Intensive Care Unit*

*4 PICU beds commissioned by NHS Bradford & Airedale / 4 beds available for spot purchasing from any other trust nationally

Older Peoples services

OPMH services provide the following inpatient capacity (71 beds), in four units operating across two hospital sites:

30 Functional beds

Our functional wards provide care for service users who experience acute deterioration of their mental health and require support for the symptoms they are experiencing. Symptoms include severe depression, bipolar affective disorder and psychosis. Assessment and treatment is provided by a multidisciplinary team of skilled professionals, which includes consultant psychiatrists, nurses, physiotherapists and occupational therapists.

41 Organic beds

Our organic wards provide care for service users with behavioral and psychological symptoms associated with dementia. Dementia symptoms include decline in memory, reasoning & communication skills, ability to carry out daily living skills & loss of control of basic bodily functions. Dementia and similar conditions that occur due to physical changes in the brain are categorised as organic mental health conditions. People of any age may be affected but the majority are older people.

Assessment and treatment is provided by a multidisciplinary team of skilled professionals, which includes consultant psychiatrists, nurses, physiotherapists and occupational therapists.

Lynfield Mount Hospital, Heights Lane, Bradford

Daisy Hill House	18 bed acute ward, functional mental health conditions
Chellow Lodge	22 bed male & female acute ward, organic mental health conditions

Daisy Hill House, although providing a functional mental health ward, also provides substantial office space for support services within the Trust. This capacity has been assessed and it has been determined that there is substantial space for further development of inpatient services within Daisy Hill House.

Airedale Centre for Mental Health, Airedale General Hospital site

Heather Ward	6 male beds on the adult acute ward, functional mental health conditions
Fern ward	6 female beds on the adult acute ward, functional mental health conditions
Ward 24 (located within Airedale General Hospital across the road from ACMH)	19 bed male and female acute ward, organic mental health conditions

The proposals discussed in this paper are interdependent of each other i.e. the completion of one scheme is required in order to deliver the proposals outlined in the other schemes. The co-dependency of the schemes will become apparent in the course of this paper.

Background – BDCT Inpatient Review

Currently BDCT OPMH services provide four inpatient facilities. Two units provide care for service users with organic mental health conditions and two units provide care for service users with functional mental health conditions. One functional and one organic unit is based on the LMH site and one functional and one organic unit is based on the Airedale general hospital site.

The Health Care Commission, now Care Quality Commission (CQC), has determined that the current 'ageless' model employed by BDCT of admitting older people's service users onto general adult acute wards is not consistent with nationally agreed best practice and needs to be resolved. This will require that service users have access to a dedicated older peoples unit.

Service users with organic conditions require specialist inpatient units and highly skilled staff to care for them. Dementia and similar conditions that occur due to physical changes in the brain can affect people of any age but the majority are older people i.e. those aged over 65 years old.

The design of organic mental health units has advanced significantly over the past decade and the Trust has been working closely with Stirling University who are leaders in the field of organic inpatient unit design and care research. Using the links developed with the university and the appointment of a dedicated older peoples matron, OPMH have completed an assessment of the current provision of organic services. This concluded in April 2010 that Chellow Lodge did not meet the standards expected of this type of unit.

A decision was therefore taken to temporarily close the unit and assess how Chellow Lodge could be refurbished to meet national best practice evidence for organic mental health inpatient units. The staffing from Chellow Lodge was redeployed to the other OPMH inpatient units to increase staffing levels to best practice levels.

A key feature of a successfully designed organic unit is a naturally flowing ward environment. Service users with organic illness should be able to move through the inpatient environment without reaching a point where they come to a standstill and become confused or disorientated.

After extensive assessment, it was determined by the Trust and OPMH that building and floor plan constraints at Chellow Lodge prevented redesign of the unit to deliver the best practice design features of an organic unit (See appendix 1). There is limited space within the unit and the floor space itself is narrow, serving to create corridors rather than a naturally flowing environment that accommodates the natural movement of service users

The conclusion that Chellow Lodge could not be refurbished as an OPMH organic unit led the Trust to initiate a whole scale review of all inpatient facilities. It was apparent that a number of estate related issues needed to be addressed and it was felt that these had previously been considered in isolation from each other. The other items under consideration were:

- The CQC requirement to address the ageless model of care for functional older peoples service users at ACMH.
- The requirement to carry out the recommendations of the 2009 consultation to relocate Ward 2 onto the LMH site
- Operational and access issues around the current provision of the PICU

Since the building at Chellow Lodge was deemed unsuitable as a base for organic OPMH services, the Trust proceeded with plans to re-develop Chellow Lodge to re-provide the rehabilitation inpatient unit currently housed at Ward 2, Daisy Bank. As part of the move (and as agreed in the 2009 consultation) the re-provided unit will reduce its bed capacity from 18 to 12. The design process is currently underway and has already allowed the Trust to significantly improve upon the facilities provided at Ward 2, e.g. by incorporating en-suite bathrooms to the bedrooms in the unit. It is envisaged that the unit will be ready for occupation in autumn 2011.

Psychiatric Intensive Care Unit

The review also highlighted a number of longstanding issues in the operational delivery of the AMH PICU service at ACMH

The ACMH was opened in 2007 and consisted of the two 'ageless' general acute wards for adult and older peoples service users. In May 2008 BDCT opened the 8 bed PICU unit, also known as Clover Ward, of which 4 beds are commissioned by NHS Bradford & Airedale, and 4 beds are available to be spot purchased by any other commissioner in the country.

Clover Ward has been operational since May 2008. Since the unit became operational, as with all inpatient units, the standards expected of these types of units have evolved. The unit has been assessed to determine whether the additional standards can be delivered within the current unit.

The following issues have been highlighted as areas for development:

- Currently there is no separate male and female outside space available.
- The courtyard and therefore service users using the courtyard are visible to all visitors to the AGH site which does not meet the Trust's interpretation of the DoH privacy and dignity standards and is considered undesirable.
- Lack of therapeutic space integral to the ward environment reducing opportunities for nursing staff to engage in 1-1 therapeutic interactions with service users.
- No visiting area integral to the ward environment, therefore staff have to leave the ward to support service users when they have visitors, reducing staffing available on the ward
- Layout of the ward provides 5 male beds and 3 female beds. This can't be altered to respond flexibly to any fluctuations in demand.

Also, although located at ACMH, 79.5% of admissions to NHS Bradford and Airedale commissioned PICU beds are from Bradford based service users. This creates a number of issues for these service users:

- Bradford service users admitted to the PICU are further away from their support networks i.e. their links with community mental health teams, and this can make it difficult for Care Coordinators to remain engaged in the service users package of care whilst they are at their most acutely unwell.
- Of the 79.5% service users from Bradford who are admitted to Clover Ward, the majority are transfers from the acute wards at LMH. The transfer of an acutely unwell individual to another site via ambulance requires at least two but usually three members of staff, taking them away from other duties on the ward.
- There are also costs associated with providing an ambulance transfer with the appropriate number of staff required.
- To ensure a safe and secure transfer of a service user to the PICU may also require medication to be administered and the process to be delayed whilst this takes effect. The service user will remain on the acute ward whilst the process is carried out, impacting on the experience of other service users on the ward and the focus of ward staff.
- Admission to Clover Ward for Bradford based service users also makes it more difficult for carers to visit service users whilst they are admitted.

The Trust proposes that Clover Ward is relocated to the LMH site. As a result of the 2009 consultation, AMH closed Birchwell Ward which was a first floor general acute ward at LMH. It is proposed that AMH relocate Ashbrook Ward which is a ground floor acute ward into the vacant Birchwell Ward.

This would therefore create a vacant ground floor ward suitable for the provision of a PICU unit.

The physical design of ACMH; where Clover Ward is located, prevents internal redesign of the unit to resolve any of the above issues. Due to planning restrictions at the ACMH site, there is furthermore no possibility to significantly extend facilities to increase the floor space for the unit and address the issues by changing the overall estate footprint.

The space identified in Ashbrook Ward at LMH has a number of benefits over the current site:

- The floor space at Ashbrook Ward has 51% more net usable space than Clover Ward allowing the unit to incorporate more therapeutic space integral to the ward
- The additional space will also allow for the incorporation of a dedicated visitors area integral to the ward
- There is sufficient outside space to deliver a separate male and female courtyard

- The courtyard will be contained within the LMH site and provide a more private external environment secluded from the general public.
- The additional space will add 2 more beds to the ward. There will be 10 beds but we will still only operationally provide 8. The additional 2 beds will be used as swing beds i.e. allowing the ward to change its configuration of male to female beds to respond to fluctuations in demand.

The Trust acknowledges that by moving Clover Ward to LMH, the issues around access will transfer to non-Bradford based service users, however, given the overwhelming majority of admissions arise from service users from the Bradford area of the Trust, AMH feels the greater benefit is to move the service to LMH as this will impact on the greater number of service users and carers and will also allow additional benefits to be realized from the increased unit space.

The Trust has engaged with service users and carers at a number of established meetings through out BDCT to present the issues and to understand any further concerns from our stakeholders.

The response was overwhelmingly supportive of the proposal with a clear recognition that the proposed change would be positive for the majority of service users and carers. Feedback from these meetings is appended at appendix 2. Overall around 40 to 50 service users and carers were met with to discuss the proposed change to the PICU.

As identified already in the paper, the alternative to relocating Clover Ward would be to leave the PICU in its present location at the ACMH. This would result in the service issues identified above remaining unresolved.

Failure to relocate the PICU to LMH would also prevent the proposals to older peoples inpatient services from being implemented and would prevent the release of inpatient resource to finance new community service investment.

Under Utilisation of Older People Inpatient Provision

The inpatient review clearly demonstrated that OPMH services significantly and consistently under utilise current inpatient capacity which provides 71 beds for people with organic mental health problems. The Audit Commission Mental Health Benchmarking report (2010) also supported the reviews findings further evidencing BDCT's under utilisation of older people's inpatient capacity.

Details shown at Appendix 3 Table 1 demonstrate that current capacity, providing 71 beds was consistently under-utilised.

Even taking account of the reduction of 22 beds due to the closure of Chellow Lodge's capacity, OPMH occupancy was 64.5% for 2010/11 for the period April 2010 to Mid March 2011. This still represents low occupancy levels when set against a broader Trust-wide requirement to deliver occupancy levels of 85%, i.e. these are levels that are seen to reflect best practice and an efficient service standard.

BDCT is commissioned to provide 41 organic OPMH beds. Analysis of occupancy by speciality indicates that the occupancy of organic beds has decreased from an average of 23 occupied beds in 2009/10 to an average of 16 occupied beds in 2010/11. This is a progressive decline in demand for organic inpatient beds and is also consistent with demand nationally.

In contrast the demand for functional admissions has not declined as markedly. BDCT is commissioned to provide 30 functional OPMH beds. Analysis of occupancy of functional beds shows that on average 19 beds were occupied in 2009/10 compared to 18 occupied beds in 2010/11.

Bed Utilisation compared against Commissioned Capacity

In total OPMH occupied an average of 34 out of 71 commissioned beds; leaving an average of 37 beds unoccupied at any one time. The maximum and minimum number of admissions was 38 and 24 respectively.

The resource tied up in each unoccupied bed to the Trust and our commissioners is approximately £31,081 per annum. Of this a maximum of £1.15 million, associated with direct staffing and overhead costs could potentially be released by disinvesting in excess bed capacity, depending on the future model.

The resource tied up in maintaining the current inpatient capacity of 71 beds is around £5.7 million. This includes direct and indirect costs as well as Trust overheads e.g. capital charges, rates etc, some of which are fixed and could not be released, but around £1.15 million of which could be freed by reducing commissioned beds.

Although the bed occupancy levels in the older peoples units are low it is a clinical requirement to provide broadly the same staffing levels within the unit. The costs of staffing a small ward will not be significantly less than those associated with much larger units and small units do not therefore represent good value for money. Staff costs for Wards of between 8 and 22 beds will not vary dramatically due to minimum staffing levels required to respond in case of an emergency or to safely manage an individual on the ward.

Current provision of 71 beds, with an average of just 34 beds being occupied (and a peak of 38 average occupied beds) represents an inefficient model of delivering inpatient care and use of resources. Up to £850k could be released from direct staffing costs by reducing provision to 2 OPMH wards.

Trust Estate Impacts, Quality and Efficiency

If BDCT were able to reduce the number of beds provided for the Bradford, Airedale and Craven Localities it would also be able to provide all inpatient facilities within an inpatient estate that would be wholly owned and managed by BDCT.

The Trust would then be able to refurbish its own ward environments to match the current standard within the Trust which meets privacy and dignity standards, and provides single bedrooms and en-suite facilities.

The Trust has developed a reputation as a provider of high quality services, and has been externally assessed as excellent in all areas by the National Patient Safety Association in their annual PEAT ratings which assess inpatient sites on aspects of non-clinical patient care including environment, food, privacy and dignity. Consolidating services on Trust-owned and managed estate would allow all inpatient services to be benefit from the same high standard of services.

The Trust could also withdraw from Ward 24 at AGH and save a further £300k currently committed through Service Level Agreements.

Community Service Innovation and Investment

The continuing reduced need for admission to OPMH beds, particularly the organic beds (See Appendix 4 Table 2 and 3), is a consequence of developing the Trust having developed innovative and effective community older peoples services.

Since 2006, Older peoples community mental health teams (CMHTs) have been provided in each locality within Bradford, Airedale and Craven and these teams also incorporated the acute Liaison functions and Memory Assessment and Treatment (MATs) functions that had been provided ad-hoc across the region prior to 2006. Since 2006 a standard service has been provided by older people's services in the community.

The CMHT operates 9am – 5pm, Monday to Friday. However, the Acute Liaison service provided within the CMHT also provides a 24/7 response to referrals for assessment from Bradford Royal Infirmary, Airedale General Hospital and care homes within BDCT boundaries. This service also provides training to general hospital and care home staff regarding the assessment and treatment of their patients who also have a mental illness. The aim of the service has been to reduce emergency admissions of older people to hospital and to reduce their length of stay.

The MAT services have been developed according to national best practice guidance and are also delivered by the CMHTs allowing the MAT clinics to be delivered in primary care settings such as GP surgeries providing improved access for service users. The aim of the MAT clinics is to provide early identification and referral of people with a possible diagnosis of dementia and the delivery of a high quality service for dementia assessment, diagnosis and management.

The service helps service users understand the cause of their memory issues and develop coping strategies to allow them to continue to lead as normal as possible lifestyle, often allowing people to remain at home whilst they are being supported by older peoples services.

NHSBA commissioning intentions for 2011/12 is to continue to develop the CMHT model further for older people and provide a 7 day service, extending the hours of operation in the evening and providing a limited service at weekends.

This model will allow the CMHT to continue to support more people at home and further prevent admissions to hospital. However, to achieve this CMHT model

requires the reinvestment of funding currently used to fund BDCT's model of inpatient care for older people.

As illustrated above, current OPMH bed occupancy indicates that we have excess functional and organic beds. By releasing resources from inpatient capacity that is not required, the Trust could finance additional development of community services, to support prevention of admissions as well as delivering real financial efficiencies.

Analysis of bed occupancy levels clearly demonstrates the need to reduce the current number of older people's beds and to re-direct resource into alternative models of care.

A review of occupancy trends and usage by OPMH services indicates that a bed base of 43 beds (21 functional and 22 organic); rather than the current number of 71 beds, would be appropriate for current usage and would still accommodate fluctuation in levels of demand.

The scale of the potential savings would also allow the OPMH care group to meet its nationally mandated cash releasing efficiency savings (CRES) for the next 3 years , a sum of £690k, as well as providing an additional £500k significant reinvestment into community and inpatient services.

Proposals to re-provide OPMH and AMH inpatient services

The Trust has developed three options to provide OPMH inpatient services.

Option 1

In this option OPMH will continue to provide 71 beds across four separate units at a recurring cost of £5.7 million. The service would provide the same level of access for service users and carers by continuing to provide one functional and one organic unit at LMH in Bradford and one functional and one organic unit at the Airedale hospital site.

The only variation would be the provision of the 22 organic beds at Chellow Lodge. Since Chellow Lodge cannot be refurbished to the required standard for an organic mental health inpatient unit, the 22 beds previously provided here would be provided within Daisy Hill House adjacent to the functional mental health ward already provided at the LMH site.

The original staff from Chellow Lodge could be re-deployed to the organic unit at Daisy Hill House and staffing levels at the other inpatient units would decrease back down to historic levels i.e. below national best practice levels, but still at the minimum required levels.

The existing organic beds based on Ward 24 at Airedale Hospital have the clinical advantage of being sited within AGH hospital. This affords service users easy access to investigative services and aides informal liaison with acute general hospital services and colleagues. The unit, designed specifically for people with

dementia in the early 1980s, has a high ratio of both indoor and outdoor space per service user.

However, the layout of the unit needs to be improved markedly, especially the need to remove multi-bed bays, improve dining facilities and install showers. The move to single room accommodation would require a reduction in the current number of beds

The Trust would be continuing to provide functional older peoples beds on the ACMH adult general acute wards, and against recommendations by the CQC that this contravenes nationally accepted best practice.

No financial efficiencies would be released by this option to support BDCT's CRES responsibilities and no additional investment would be available to strengthen older people's community services. Additional community investment is seen as key to our developing a sustainable inpatient and community portfolio of services.

Option 2

This option would relocate the PICU to LMH from ACMH and would reduce the number of OPMH beds from the 71 beds currently provided to 43 beds.

To maintain current levels of access to an inpatient unit OPMH could still provide organic and functional beds at LMH and organic and functional beds at Airedale – albeit in two wards with two sub-units for functional and organic care.

The relocation of PICU to LMH would leave a space within ACMH that could be converted into a dedicated older peoples unit providing a 9 bed organic ward and an 8 bed functional ward.

Daisy Hill House could then provide a 13 bed organic ward and a 13 bed functional ward at LMH.

By rationalising inpatient facilities the trust could reduce estate costs by £300k per annum through withdrawing from Ward 24 at AGH.

Responding in this way to the evidenced need to reduce the Trust bed base this option would either require:–

Option 2a

The Trust for the first time to create mixed use –non-specialist wards (organic and functional care in one ward with one staff team). However this is considered poor practice and prevents best use of experienced staff in dedicated specialist services.

A similar scheme was implemented in South Kirklees in 2007. An evaluation has shown

- Nursing staff noticed increasing amount of verbal and physical aggression on the ward. The number of incidents per patient per year climbed from 11.52 pre change to 19.66 a year after the change

- It was often noted that extra staff were required on shift to cope with patient needs.
- Individual cases had to receive early discharge due to the ward environment being unsuitable.

This option would potentially release a further £850k of direct costs associated with staffing levels although the South Kirklees evaluation also indicates that increased staffing levels would most likely be required.

Option 2b

The Trust to provide four small separate wards. However this option could not be financed by the Trust as it would require additional investment of around £850k relating to direct staffing costs as well as additional indirect and overhead costs.

Removing 6 male and 6 female older peoples beds from the 2 adult wards at ACMH, would not release staffing costs to finance this new cost, as the adult staffing complement required in adult services will be largely unchanged.

Whilst Option 2a would release £1.15 million in savings to deliver the OPMH financial efficiency requirement for the next 3 years as well as investing £500k in community and inpatient services, this model is not supported by clinical staff within OPMH and is not supported nationally as a quality clinical model of care.

This model would require a comparatively high staff ratio as well as being very inflexible leading to high levels of unavailable beds.

Option 2b would cost more than the current model of inpatient provision, with no resource available to fund community services and no savings made to meet the nationally mandated CRES requirements.

Option 3

This option would relocate the PICU to LMH from ACMH and would reduce the number of OPMH beds from the 71 beds currently provided to 43 beds.

This model proposes reducing the number of older people units from four to two, thus creating dedicated wards for organic care and functional care – meeting best practice guidance for care and use of staff skills. The service would provide one 21 bedded specialist functional unit in the vacated PICU on the ACMH site and create one dedicated specialist 22 bedded organic unit at Daisy Hill House.

This model would reduce ease of access to inpatient beds for some service users and carers within the district as they would have to travel further causing some inconvenience.

By rationalising inpatient facilities the trust could reduce estate costs by £300k per annum through withdrawing from Ward 24 at AGH.

By providing two units rather than four the Trust would additionally become more efficient in the use of its staffing resource. Current staffing resource would be re-deployed allowing OPMH to maintain the higher levels of staffing currently being delivered by using redeployed Chellow Lodge staff as well as delivering direct staffing savings in the region of £850k.

A total of £1.15 million of costs currently tied up in provision of unutilised beds could be diverted from OPMH inpatient provision.

This resource could allow OPMH to meet their CRES requirements for the next 3 years, a sum of £690k, as well financing investment of £500k to enhance community and inpatient service provision.

This option is considered to be the most consistent with delivery of Quality, Innovation, Productivity and Prevention (QIPP) requirements:

a. Quality is assured in that two highly specialist inpatient resources operating with an enriched staffing establishment and designed in functionality are enabled through option 3. Quality is further supported by virtue of community services being enhanced to support care closer to home and effective engagement of existing networks of care and support.

b. Concentrating specialist resources within two inpatient units lays the foundation for further expansion of productive ward and productive community initiatives.

c. The re-investment of funding to enhance community teams would be expected to reduce need for inpatient admission overall and further enable developing initiatives in liaison with acute and private sector providers and early assessment and treatment of dementia.

Recommendation

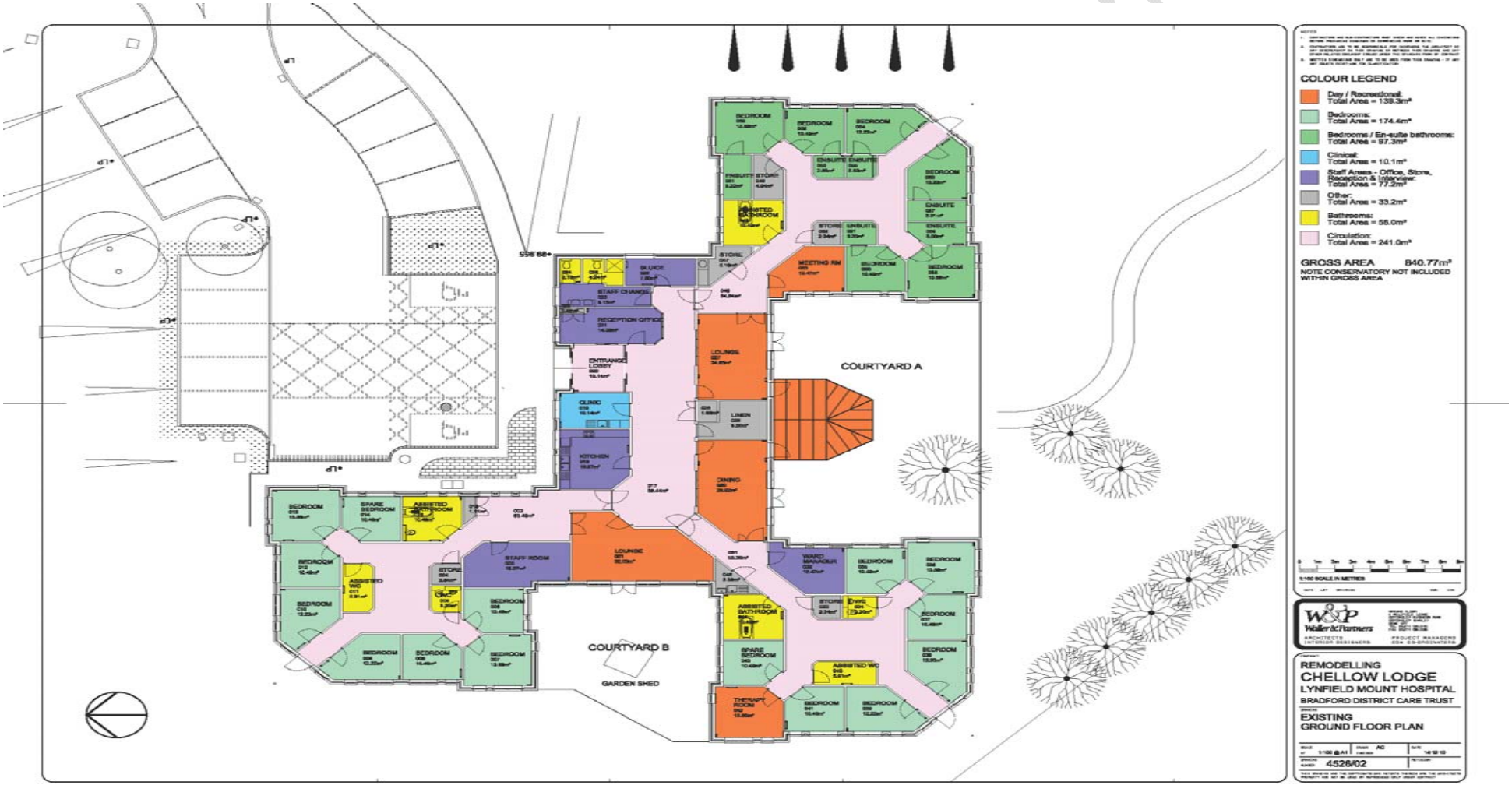
It is requested that the issues facing the provision of AMH and OPMH services are noted and the proposals outlined in the paper are considered.

Feedback will then be incorporated into the final version of this paper which will be used as the basis for the public consultation document.

The audience may wish to define their views on a preferred option going forward.

Appendix 1

Chellow Lodge Current Floor Plan



Appendix 2

Feedback from AMH Service User & Carer Sessions

The Trust has presented the proposal of relocating the PICU service to LMH at a number of established service user and carer groups within BDCT. Although not an exhaustive list of groups that could be attended, they did include service users who had experience of using the PICU unit and also carers of individuals who had used the service.

The proposal was well received and supported by the majority of the individuals within the groups. Individuals understood the rationale of the proposed change and supported the principles of improving the environment of the unit and also for improving access for the majority of users of the service where possible.

The groups raised concerns that the reputation of the unit could be damaged by moving the unit to LMH but were reassured that the staff were also supportive of the move and would be transferring with the unit. During the course of the move it was also agreed that the Trust would work with the organisational development department to ensure the positive culture experienced by service users at the PICU is understood and protected during the course of the move if it goes ahead.

The groups were also reassured that the working group process being used to design the inpatient environments also included service users and carers and a number of individuals offered to be part of these groups.

Minutes of the meetings attended are available.

Appendix 3

Table 1 – OPMH Occupancy Figures

% Occupancy By Specialty	YTD		Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Functional 08/09	**53.4%**		51.1%	46.5%	39.7%	54.5%	47.3%	44.6%	48.0%	59.0%	65.5%	65.8%	62.8%	55.8%
Organic 08/09	**62.7%**		67.5%	67.7%	67.5%	65.5%	50.7%	58.2%	69.4%	71.2%	59.6%	59.6%	53.7%	61.4%
Total 08/09	**58.0%**		**59.2%**	**56.9%**	**53.4%**	**60.0%**	**49.0%**	**51.3%**	**58.6%**	**65.0%**	**62.6%**	**62.7%**	**58.3%**	**58.6%**
Functional 09/10	**48.8%**		42.8%	47.6%	45.9%	59.6%	59.2%	45.7%	41.1%	47.0%	48.1%	54.2%	38.9%	58.1%
Organic 09/10	**57.3%**		55.8%	49.4%	43.8%	54.2%	53.7%	59.6%	63.6%	67.5%	69.5%	75.4%	58.5%	39.1%
Total 09/10	**53.3%**		**49.2%**	**48.5%**	**44.9%**	**56.6%**	**56.2%**	**53.3%**	**53.4%**	**58.2%**	**59.8%**	**65.8%**	**49.6%**	**47.7%**
Functional 10/11	**54.6%**		48.4%	58.4%	53.1%	66.0%	61.4%	62.8%	55.3%	42.8%	35.8%	44.4%	64.6%	63.0%
Organic 10/11	**80.0%**		89.1%	92.7%	83.5%	74.4%	73.2%	79.3%	76.9%	76.1%	64.0%	76.2%	82.1%	93.4%
Total 10/11	**64.5%**		**64.2%**	**71.7%**	**64.9%**	**69.3%**	**66.0%**	**69.2%**	**63.7%**	**55.7%**	**46.7%**	**56.7%**	**71.5%**	**74.8%**

Appendix 4

Table 2 - NHS Bradford & Airedale admissions

Number of Admissions by Speciality	YTD		Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Functional 09/10	**100**		7	13	9	9	7	5	10	7	8	4	7	14
Organic 09/10	**98**		7	6	8	13	7	9	11	10	9	7	2	9
Total 09/10	**198**		**14**	**19**	**17**	**22**	**14**	**14**	**21**	**17**	**17**	**11**	**9**	**13**
Functional 10/11	**108**		7	10	14	9	10	7	4	6	8	12	11	10
Organic 10/11	**69**		7	4	3	10	8	8	7	3	3	5	5	6
Total 10/11	**177**		**14**	**16**	**21**	**20**	**22**	**15**	**12**	**11**	**12**	**20**	**18**	**14**

Table 3 - NHS North Yorkshire & York admissions

Number of Admissions by Speciality	YTD		Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Functional 09/10	**11**		1	1	1	2	0	2	0	0	**2**	**1**	**0**	**1**
Organic 09/10	**26**		4	2	3	4	1	3	1	3	1	1	3	0
Total 09/10	**37**		**5**	**3**	**4**	**6**	**1**	**5**	**1**	**3**	**3**	**2**	**3**	**1**
Functional 10/11	**7**		0	0	0	0	0	1	1	1	1	1	2	0
Organic 10/11	**17**		0	1	3	1	3	2	1	3	0	2	1	0
Total 10/11	**24**		**0**	**1**	**3**	**1**	**3**	**3**	**2**	**4**	**1**	**3**	**3**	**0**

Appendix 5

Table 4 – Inpatient admissions by CMHT locality

Number of Admissions by Speciality / CMHT locality		Craven	Airedale	North Bradford	City	South & West	Out of Area
Functional 10/11		6	22	29	21	36	3
Organic 10/11		17	20	7	19	19	8
Total 10/11		23	42	36	40	54	11