



Harvington Ward

Trust Board 12 October 2016

Director of Operations
Deputy Director of Operations

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Context and Conditions for Change

Strategic Plan

Trust Board have considered over a number of years plans to modernise and develop Adult Mental Health Inpatient provision.

Finance

The contract for 2016/2017 enacted a QIPP saving of £1 million, with £500 000 reinvested to support the development of primary care.

Estate restrictions and concerns

The CQC inspection highlighted ligature issues with Harvington Ward.

Background

Current Bed Provision

Harvington Ward	- Kidderminster	18 beds
Holt Ward	- Worcester	18 beds
Hillcrest Ward	- Redditch	18 beds

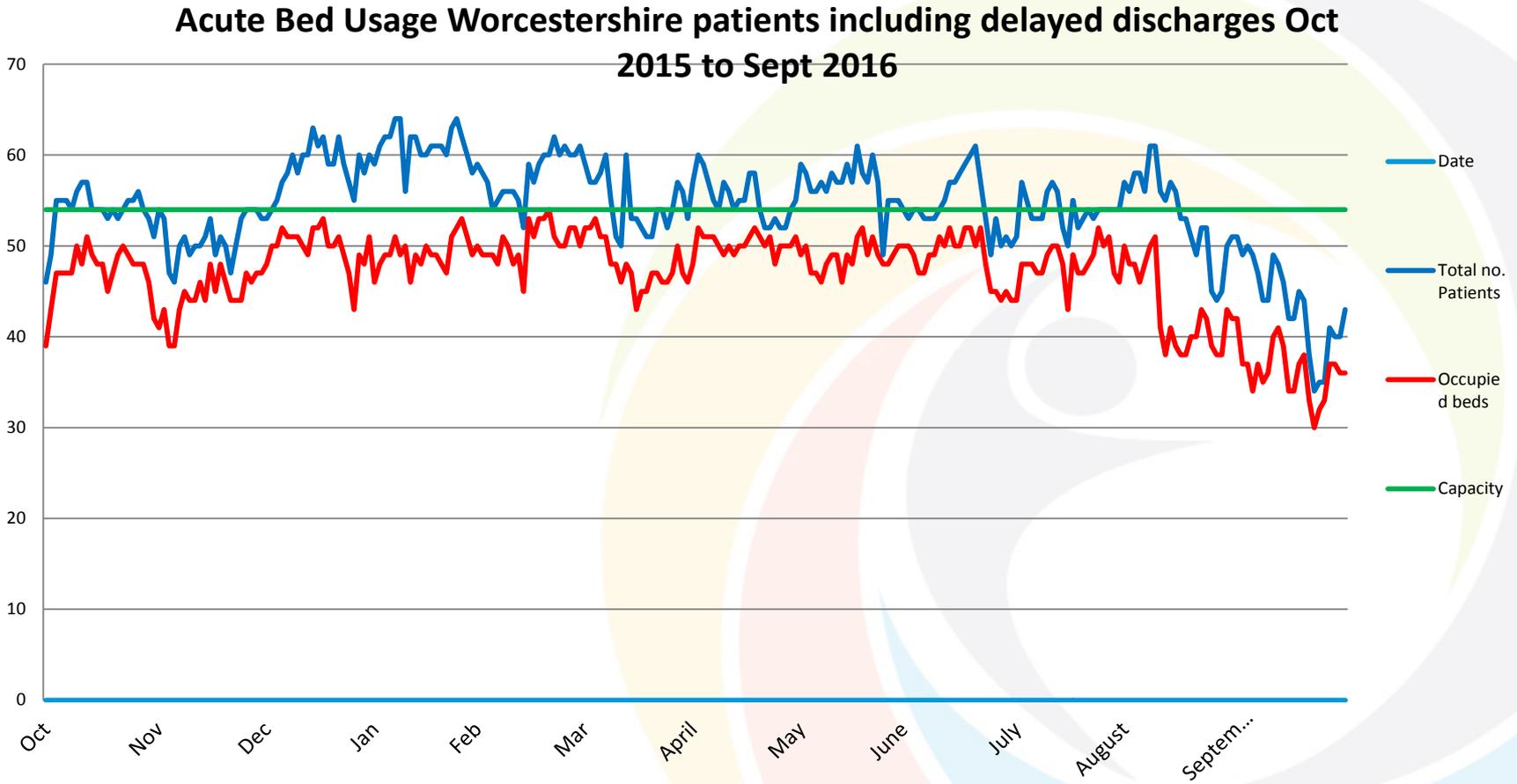
Current Performance and Structure

- Length of stay
- No patients out of area due to lack of adult acute beds
- Model - functionalised

Principles for Change

- Beds are a place where you wait for things to be done
- Inpatient care needs to be for those for whom there are no safe alternatives
- No wrong door

Current Bed Usage



Reducing Occupancy

Actions to Reduce Occupancy

- Recruited Complex Discharge Co-ordinator
- 'Red to Green' patient journey analysis
- Weekly admissions reviews - Home Treatment, Assessment team and Inpatients
- Weekly discharge reviews - Home Treatment, Inpatient Lead Consultant and Inpatients
- Twice weekly bed management conference call - Home Treatment, Assessment Team, CMHT representatives, Mental Health Liaison, Inpatients and all Inpatient Consultant Psychiatrists
- Primary care developments

Case Studies

Patient 1

- Admitted via community AMPH assessment. Alcohol misuse and psychotic episode. Diagnosis Schizophrenia. Mental health treated. Ready for discharge.
- June 2016 - Placement not ready till October 2016. April 2016 - Funding panel agreed to interim placement. Care Co-ordinator not in support, wanted him to stay on ward until placement ready end of September 2016.
- Placement providers contacted. Interim placement identified in Kidderminster.

Patient 2

- No local GP. Arranged for local registration. Applied for ESA with Housing Benefit.
- Contact made with housing at local hub. One week later one-bedroomed flat offered (good outcome as wait can be six months or more). Organised food vouchers as delay in ESA funding. Organised local charity to furnish flat (North Worcestershire offer no help with furnishings and rely on charitable donations).
- Contact made with Home Treatment to support discharge. Support agreed with St Paul's Homeless service for six weeks after discharge.

Consultation Process

Process

- 4 public consultation events
- 4 Locality Forum attendances
- 11 attendances at interest group meetings
- 142 survey responses

Questions asked

- A reduction in Inpatient wards with retention of two wards, Assessment Ward in Worcester and Treatment Ward in Redditch. Harvington would not be retained in Acute Adult estate.

Summary

- Inpatient care needs to be for those that need it
- Alternatives need to be robust
- 37% agree with changes and 46% do not
- 52% agree with alternatives to admission being developed 30% did not

New In-patient Model

Principles of New Model

The Model proposed is the creation of an assessment facility and a treatment facility.

Admission ward accounts for 7 days of the inpatient pathway, during which there is intensive assessment and establishment of a robust community treatment plan to facilitate a rapid and safe discharge.

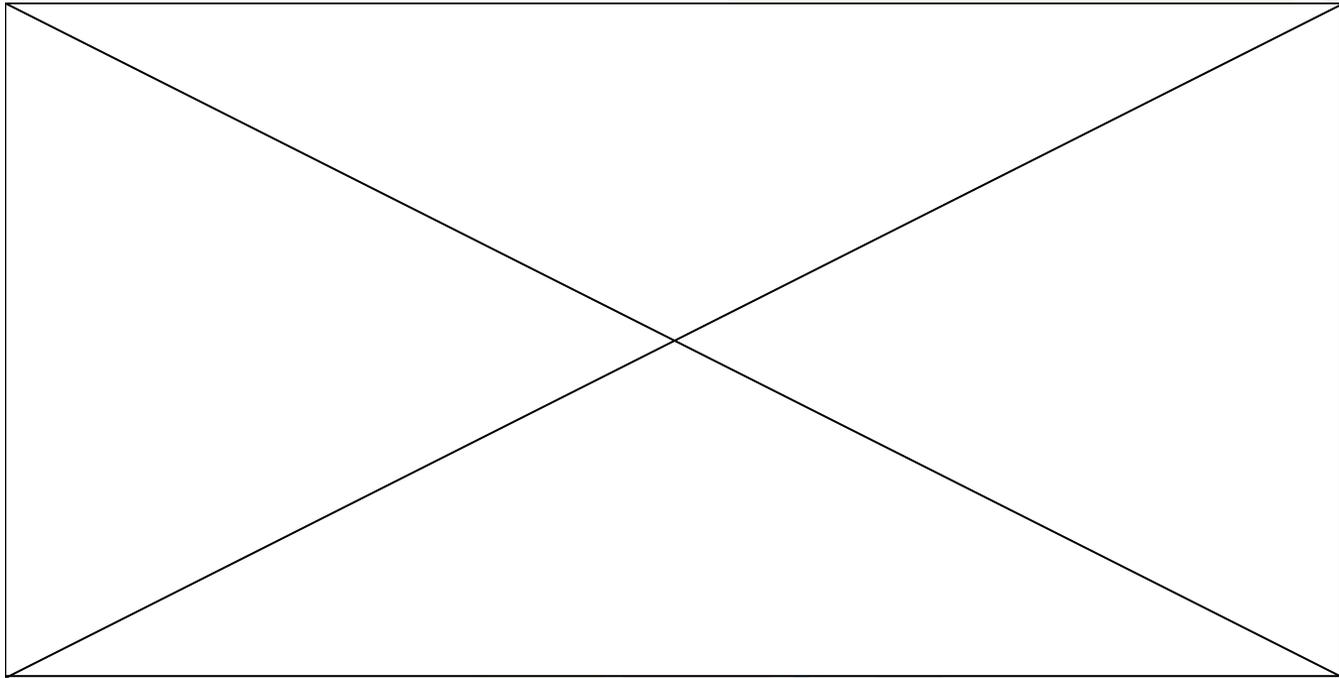
Treatment ward for those patients requiring further assessment and treatment.

Ratio of beds suggested from areas implemented model is 1 assessment bed to 2 treatment beds.

Two functions (assessment/treatment) work when separated – when both functions on a ward this dilutes and negates benefits.

Requires staff to have different skill sets and training.

Model evidences reduced length of stay.



Proposal for Implementation

Stepped Implementation

Phase 1: November 2016

Increase Hillcrest Ward to 25 beds
Maintain Holt Ward at 18 beds
Close Harvington Ward

Phase2: January/February 2017

Holt Ward as Assessment Ward - 14 beds
Hillcrest Ward as Treatment Ward - remain at 25 beds

Stepped approach allows testing of model and finalising specifics of delivery

Wyre Forest Locality

Investment in mental health primary care services in Wyre Forest.

684 patients entered treatment – limited previous primary care service within locality.

Trust commitment to increase the range and quality of service in Wyre Forest and maintaining strong local presence in key sites. Trust investment of c£400k capital to secure 16 Community Hospital beds on site.

Harvington ward would present a good estate opportunity for further developments as the capital issues are specific to ligature risks.

Conclusion

Contract income reduced in secondary care.

Residual ligature risks remain as an issue within Harvington Ward.

Co production highlighted the following;

- Inpatient care needs to be for those that need it
- Alternatives need to be robust
- 37% agree with changes and 46% do not
- 52% agree with alternatives to admission being developed 30% did not

Bed occupancy for Worcester patients has reduced since.

Trust has invested within Wyre Forest locality.